STATE OF WASHINGTON
HEALTH CARE AUTHORITY
626 8th Avenue • P.O. Box 42702 • Olympia, Washington 98504-2702

May 29, 2015

TO: Potential Bidders

FROM: Cyndi Presnell
RFP Coordinator

SUBJECT: **Amendment #3**
Request for Proposal (RFP) #15-002 – Apple Health Foster Child

The purpose of Amendment 3 is to provide:

1) the remaining answers to questions received during the question period and/or data responses for some of the questions;

2) a revised RFP; and

3) a revised Exhibit E, GeoCoding Foster Care Instructions.

The following documents have been revised and are attached as Amendment #3 to the Apple Health Foster Care RFP.

1. Revised Apple Health Foster Care RFP.

    - Revisions were made to the RFP to reflect inconsistencies and clarifications. All revisions are in redline format and include revisions from Amendment #1.
    - A pre-proposal conference has been added to the RFP. The addition is reflected in redline in the attached RFP. The pre-proposal conference will be a discussion on **rates only**. The pre-proposal conference will be held on June 12, 2015 from 11:00 a.m. to 1:00 p.m. See Section 3.4 of the attached RFP for additional information.
    - The proposal submission deadline has been **extended** to **July 6, 2015.**

2. A revised Question/Answer document is provided. There were a few questions that were unanswered or data wasn't available at the time the Question/Answer document was released in Amendment #2. The following questions have been answered or revised.

    - Question 2. Data is provided. See revised Question and Answer document, Amendment #3 and the Excel spreadsheet titled "Amendment 3 – QnA – Q2-Q18-Q30 – 20150529".
    - Question 4. See revised Question and Answer, Amendment #3 document for the response.

- Question 18. Data is provided. See revised Question and Answer document, Amendment #3 and the Excel spreadsheet titled “Amendment 3 – QnA – Q2-Q18-Q30 – 20150529”.
- Question 30. Data is provided. See revised Question and Answer document, Amendment #3 and the Excel spreadsheet titled “Amendment 3 – QnA – Q2-Q18-Q30 – 20150529”.
- Question 95. A response has been provided. See revised Question and Answer document, Amendment #3.
- Question 97. The response has been revised. See revised Question and Answer document, Amendment #3.
- Question 108. The HCA has added a question based on a revision we made to the five critical providers. See revised Question and Answer document, Amendment #3.

3. Exhibit E, GeoCoding Foster Care Instructions is revised to correct inconsistencies in the Final Format instructions. The revisions are in redline format.

Amendment #4 will be released the week of June 1st and will provide the following:

1) Revisions to Exhibit D, Sample Apple Health Foster Care contract. Needed revisions were identified during the question/answer period.
2) Answers to questions received during the technical assistance conference calls related to Foster Care provider network.

If there are other individuals within your organization working on the RFP response, please ensure that they receive this Amendment.

Proposals are due no later than 2:00 p.m. Pacific Time on July 6, 2015.

STATE OF WASHINGTON
WASHINGTON STATE HEALTH CARE AUTHORITY
REQUEST FOR PROPOSAL (RFP) NO. 15-002
Amendment #3 (5/29/15)

It is the sole responsibility of each potential bidder to carefully read, understand, and follow the instructions contained in this RFP document and all amendments to the RFP.

PROJECT TITLE: Apple Health Foster Care, a Managed Care program for Children and Youth in Foster Care and Adoption Support, and Foster Care Alumni.

PROPOSAL DUE DATE: ~~June 17, 2015~~July 6, 2015 **no later than 2:00 p.m. PACIFIC TIME**

EXPECTED PERIOD OF CONTRACT: October 1, 2015 through September 30, 2017.

OPTION TO EXTEND CONTRACT PERIOD: At its sole discretion, the Health Care Authority (HCA) may renew any contract awarded as a result of this RFP for up to four (4) additional years in two (2) year increments.

OPTION TO NOT AWARD ANY CONTRACT: At its sole discretion, and for whatever reason it deems appropriate, or for no reason, HCA may decide to not award any contract whatsoever as a result of this RFP. No bidder has any vested right to any contract that relates in any way to this RFP.

MINIMUM REQUIREMENTS FOR BIDDING: This procurement is open to those organizations that satisfy the following minimum requirements. The Bidder must:

- Be licensed to do business in the State of Washington.
- Have submitted a Letter of Intent to Propose by the deadline in described in the RFP Procurement Schedule in order to submit a response to this RFP.
- Be a Managed Care Entity in good standing with the Washington State Office of the Insurance Commissioner.
- Have a current contract with HCA under Apple Health Medicaid Managed Care program to provide full scope managed care to Medicaid enrollees covered by the HCA.
- Be willing to comply with the terms contained in the attached draft contract, although those terms are subject to change by HCA as the RFP process continues.
- ~~Have a contracted statewide health care provider network that includes essential providers, as described in this RFP.~~

Any Bidder that does not meet and demonstrate these minimum qualifications will be rejected as non-responsive and will not receive further consideration. Any Proposal that is rejected as non-responsive will not be evaluated or scored.

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EXHIBITS

1 DEFINITIONS

The following terms as used throughout this RFP shall have the meanings set forth below:

"Addendum" or "Amendment" means a written clarification or revision to this RFP issued by the RFP Coordinator.

"**Adoptive Parent(s)**" means the person or persons who have legally adopted a child formerly in the placement and care authority of DSHS.

"Adverse Childhood Experiences (ACES)" means ten categories of experience that can contribute to the amount of toxic stress experienced through the first 18 years of life. The ten categories are:

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Physical Neglect
- Emotional Neglect
- Drug or alcohol addicted family member
- Mentally ill, depressed or suicidal person in the home
- Witnessing domestic violence against a parent or guardian
- Incarceration of any family member
- Loss of a parent to death, abandonment or divorce

"Agency" means the Washington State Health Care Authority (HCA), the agency issuing this RFP.

"**Aging and Long Term Support Administration (ALTSA)**" means the administration within the state Department of Social and Health Services (DSHS) responsible for administering long-term care and supports to individuals who are functionally and financially eligible to receive such services, including those provided by ALTSA-contracted Area Agencies on Aging (AAAs).

"Apparently Successful Bidder" or "ASB" means the Bidder selected as the entity to perform the anticipated services under this RFP, subject to completion of contract negotiations, pre-implementation site visit and execution of a written contract.

"**Behavioral Health Assessment Solution**" or "**BHAS**" means the system that captures and communicates youth and family needs and strengths for treatment planning purposes. Data from the Child and Adolescent Needs and Strengths assessment is entered into the BHAS and reports are made available at local (clinician, supervisor, agency), regional (RSH, county) and state levels for quality improvement purposes.

"**Behavioral Health Services**" means services that promote the prevention, treatment of, and recovery from chemical dependency and mental health disorders.

"**Behavioral Rehabilitation Services (BRS)**" means a temporary intensive wraparound support and treatment program for youth with extreme, high level service needs used to safely stabilize youth and assist in achieving a permanent plan or a less intensive service.

"Bidder" means an individual, company, or firm submitting a Proposal in an attempt to obtain a contract with the Agency under this RFP.

"Business Days and Hours" means Monday through Friday, 8:00 a.m. to 5:00 p.m., Pacific Time, except for holidays observed by the State of Washington.

"**Child and Adolescent Needs and Strengths**" or "**CANS**" means a multi-purpose tool developed for children's services to support decision-making, including level of care and service planning, to facilitate quality improvement initiatives and allow for the monitoring of service outcomes from the mental health system. CANS was developed in accord with the TR vs. Quigley and Teeter Settlement Agreement.

"**Caregiver**" means, for the purposes of this program, an adoptive parent OR a licensed foster parent, relative caregiver, or other suitable placement, designated by the DSHS Children's Administration to care for a child until a permanent placement can be arranged.

"**Children's Administration (CA)**" means the administration within the Department of Social and Health Services responsible for providing child welfare and family support services to Washington residents.

"Child Health and Education Tracking (CHET) Program" means the set of screenings that are completed within the first thirty (30) days of a child or youth's placement into foster care. CHET screenings are conducted by CA specialized social workers using standardized, validated tools and reviews the following five domains:

- Physical Health
- Developmental
- Education
- Social/Emotional
- Connections

"Children and Youth in Foster Care and Adoption Support" mean individuals from age 0 up to age 21 placed in the Department of Social and Health Services' care and custody (foster care), and individuals from age 0 up to 21 receiving adoption support services under Chapter 388-27 WAC.

"Client Services" means services provided directly to Agency clients including, but not limited to, medical and dental services, employment and training programs, residential care, and subsidized housing.

"Clinical Care Management" means a set of services, delivered by Health Care Coordinators, designed to improve the health of enrollees. Effective clinical care management includes the following:

- Coordination with Children's Administration Social Services Specialist (SSS)/Social Workers, Fostering Well Being staff and other DSHS and HCA employees to ensure critical information about program enrollees is exchanged and that continuity of health care is maintained;

- Actively assisting enrollees to navigate health care delivery systems, acquire self-care skills to improve functioning and health outcomes, slow the progression of disease or disability, and assure preventive services are obtained in a timely manner;

- Utilization of evidence-based clinical practices in screening and intervention;

- Coordination of the enrollee's health care across the continuum of medical and behavioral health services, including tracking referrals and outcomes of referrals; and

- Assisting the enrollee in accessing behavioral health services that are, to the extent possible, integrated with primary care.

"Confidential Information" means information that is potentially exempt from disclosure to the public or other unauthorized persons under either chapter 42.56 RCW or other state or federal statutes. Confidential Information may include, but is not limited to, names, addresses, Social Security numbers, e-mail addresses, telephone numbers, financial profiles, credit and debit card information, driver's license numbers, medical data, law enforcement records, source code or object code, security data, or any related payroll/labor data.

"Contractor" means that firm, provider, organization, individual or other entity that ultimately performs services under any contract that may result from this RFP. The term "contractor" shall include any subcontractor retained by the prime contractor as may be permitted under the terms of the contract.

"Contractor Account Manager" means a representative of Contractor who is assigned as the primary contact person with whom the HCA Contract Manager shall work for the duration of the awarded Contract.

"Critical Providers" means the health care provider types without which a Managed Care Organization cannot provide a viable program. For the purposes of this program, Critical Providers are: Hospitals, Primary Care Providers and Pediatric Primary Care Providers, Mental Health Providers and Speech Therapists.

"Data Universal Numbering System (DUNS) ®" means a Data Universal Numbering System which is a unique nine-digit sequence of numbers issued by Dun and Bradstreet to a business entity. Any organization that has a Federal contract or grant must have a DUNS Number.

"Department of Enterprise Services (DES)" means the Washington State Department of Enterprise Services.

"**Department of Social and Health Services (DSHS)"** means the Washington State agency responsible for providing a broad array of health care and social services.

"**Dependency**" means any child who is declared dependent according to RCW 13.34.030 as follows:

- The child has been abandoned as defined in RCW 13.24.030;
- The child is abused or neglected as defined in Chapter 26.44 RCW; or
- The child has no parent, guardian or custodian capable of adequately caring for the child, such that the child is in circumstances which constitute a danger or substantial damage to the child's psychological or physical development.

"**Developmental Disabilities Administration**" means the administration within the Department of Social and Health Services responsible for administering Medicaid and case management services to clients with developmental disabilities.

"Dun and Bradstreet (D&B)" shall mean a commercial entity which maintains a repository of unique identifiers (D-U-N-S Numbers) recognized as the universal standard for identifying business entities and corporate hierarchies.

"Durable Medical Equipment" means, per WAC 182-543-1000, equipment that:

- Can withstand repeated use;
- Is primarily and customarily used to serve a medical purpose;
- Generally is not useful for a person in the absence of illness or injury, and
- Is appropriate for use in the client's place of residence.

~~**"Essential Providers"** means the health care provider types without which a Managed Care Organization cannot provide a viable program. For the purposes of this project, Essential Providers are: Hospitals, Primary Care Providers, Pediatric Primary Care Providers, Pediatric and Adolescent Specialty Providers, Behavioral Health Providers and Speech, Occupational and Physical Therapists.~~

"Extended Foster Care" means a program authorized by the 2008 federal Fostering Connections to Success and Increasing Adoptions Act (also known as Fostering Connections Act) that allows young adults between the ages of 18 and 21 to elect to remain in Foster Care under a dependency action with the Department of Social and Health Services. Youth in the extended foster care program receive foster care services and supports, including placement in a licensed out-of-home care setting or supervised independent living placement settings, monthly visits with their assigned CA worker and regular court hearings. The young adult must be engaged in one of the eligibility categories which includes; enrolled or actively participating in an education program, vocational program, or participating in activities designed to reduce barriers to employment.

"**Family Team Decision Making Meeting**" means a meeting that occurs whenever a placement decision needs to be made. Participants in this meeting may include the child's

parents, the child, relatives, family friends, neighbors, caregivers, community members and service providers, along with the social worker and supervisor.

"Firm, Fixed Price" means a price that is all-inclusive of direct cost and indirect costs, including, but not limited to, direct labor costs, overhead, fee or profit, clerical support, equipment, materials, supplies, managerial (administrative) support, all documents, reports, forms, travel, reproduction, and any other costs. No additional fees or costs shall be paid by the State unless there is a change in the scope of work, as determined at the sole discretion of HCA.

"**Foster Care**" means the placement of a child by the Department of Social and Health Services or a licensed child placing agency in a home or facility licensed pursuant to Chapter 74.15 RCW or in a home or facility that is not required to be licensed.

"Foster Care Alumni" or "Alumni" means a young adult between the ages of 18 and 26 who has aged out of the foster care system but who is still eligible for Medicaid in accordance with the federal Affordable Care Act and applicable Washington State Law.

"Health Care Authority (HCA)" means the State of Washington Health Care Authority and its employees and authorized agents.

"HCA Contract Administrator" means the HCA employee designated to receive legal notices, and to administer, amend, or terminate this Contract.

"HCA Contract Manager" means the HCA employee designated to manage and provide oversight of the day-to-day activities under any Contract that may result from this RFP. The HCA Contract Manager shall be the primary contact with Contractor concerning Contractor's performance under any such contract; provided that the HCA Contract Manager will not have authority to accept legal notices on behalf of HCA or to amend any such contract.

"Health Care Coordination" means a clinical approach to health care in which all of an enrollee's health care needs are coordinated with the assistance of a primary point of contact either in the Primary Care Provider's office or through the Contractor's Health Care Coordination program. The point of contact provides information to the enrollee and the enrollee's caregivers and health care providers to ensure that the enrollee gets the most appropriate medical treatment, while ensuring that health care services are not accidentally duplicated.

"Health Care Coordinator" means a health care professional or group of professionals, licensed in the state of Washington, who is responsible for providing health care coordination services to enrollees. Health Care Coordinators may be:

- Individuals or groups of licensed professionals, or
- Individuals working under their licenses, employed or subcontracted by the Contractor or the Primary Care Provider/clinic.

Nothing in this definition precludes the Contractor or Health Care Coordinator from using allied health care staff, such as community health workers and others to facilitate the work of the Health Care Coordinator.

"**Health Home**" means an entity composed of community-based providers, qualified by the state to provide Health Home Services to Medicaid enrollees under section 2703 of the Affordable Care Act of 2010. The entity is responsible for coordinating and integrating care across the continuum of services needed and used by eligible enrollees. Each Health Home acts as the lead entity responsible for administrative and oversight functions and includes broad representation of community-based organizations representing primary, acute, mental health, substance use disorder and long term services and supports that provide intensive care coordination to eligible enrollees. A Qualified Health Home includes providers from the local community that authorize Medicaid, state or federally funded behavioral health, long term services and supports, and primary and acute services.

"Health Insurance Portability and Accountability Act (HIPAA)" means the federal Health Insurance Portability and Accountability Act, an act designed to protect patient medical records and other health information provided to health care providers.

"Local Time" means Pacific Time Zone as observed by the State of Washington.

"Managed Care Organization (MCO)" means an organization having a certificate of authority or certificate of registration from the Washington State Office of Insurance Commissioner that contracts with HCA under a comprehensive risk contract to provide prepaid health care services to eligible HCA enrollees under HCA managed care programs.

"**Mandatory**" or "**(M)**" means the Bidder must comply with the requirement, and the Response will be evaluated on a pass/fail basis.

"**Mandatory Scored**" or "**(MS)**" means the Bidder must comply with the requirement, and the Response will be scored.

"**Medicaid Personal Care (MPC)**" means the program within DSHS that provides services to meet an individual's need for assistance with Activities of Daily Living (ADLs) such as bathing, dressing, eating, meal preparation, housework, and travel to medical services. This service may be provided in the enrollee's home or placement,

"Normal Business Hours" means normal State business hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. except State Holidays.

"**Out of home placement**" or "**Out of home care**" means a placement in a foster family home or group care facility or placement in a home, other than that of the child's parent, guardian, or legal custodian, not required to be licensed under chapter 74.15 RCW.

"Partnership Access Line (PAL)" means a resource that provides access to consultation with a child psychiatrist to assist prescribers in meeting the needs of enrollees with mental health diagnosis.

"**Pediatric Interim Care (PIC)**" means the three (3) programs available in Washington that provide services to families of drug/alcohol affected children under the age of three (3) years. Program services may include a combination of specialized group care, foster care, family support, foster family training and support, aftercare services, wraparound services and/or other services. Depending on the program, services are facility-based, home based, or via support services but no placement.

"**Placement Moves**" means the movement of a child in state custody from one foster home, group care facility or living situation to another.

"Primary Care Provider (PCP)" means a participating provider who has the responsibility for supervising, coordinating, and providing primary health care to enrollees, initiating referrals for specialist care, and maintaining the continuity of enrollee care. PCPs include, but are not limited to Pediatricians, Family Practitioners, General Practitioners, Internists, Naturopathic physicians, medical residents (under the supervision of a teaching physician), Physician Assistants (under the supervision of a physician), or Advanced Registered Nurse Practitioners (ARNP), as designated by the Contractor.

"Proposal" means a written offer to perform a contract to provide goods or services to the State in response to this RFP.

"Proposal Due Date/Time" means the date and time specified in the RFP Procurement Schedule for submission of Proposals in response to this procurement.

"Proprietary Information" means information owned by Bidder to which Bidder claims a protectable interest under law. Proprietary Information includes, but is not limited to, information protected by copyright, patent, trademark, or trade secret laws.

"Purchaser" means the State of Washington Health Care Authority; any division, section, office, unit or other entity of Purchaser; or any of the officers or other officials lawfully representing Purchaser.

"**Relative Placement**" (vs Kinship Care) means a placement of a court ordered dependent child or youth by DSHS with the child's relative in a licensed or unlicensed, unpaid foster home.

"Resilience" means the personal and community qualities that enable individuals to rebound from adversity, trauma, tragedy, threats and other stresses and to live productive lives.

"Request for Proposal (RFP)" means this Formal procurement document.

"Revised Code of Washington (RCW)" means the laws of the state of Washington. All references in this Contract to RCW chapters or sections shall include any successor, amended, or replacement statute. Pertinent RCW chapters can be accessed at http://www.leg.wa.gov/LawsAndAgencyRules/Pages/default.aspx

"Second Opinion Network" or "SON" means an organization consisting of Agency recognized experts in the field of child psychiatry contracted with by HCA to perform peer-to-

peer medication reviews with health care providers when psychotropic medications or medication regimens for children under eighteen (18) years of age exceed the medications review thresholds established for the HCA Medicaid mental health benefit. Based on the peer-to-peer consult between the psychotropic prescriber and the Agency designated child psychiatrist, a recommendation is made to HCA regarding appropriate medication regimens for the child in question, which HCA may use in making authorization determinations and/or providing direction to MCOs in regard to the approval or denial of psychotropic medications for children.

"Social Service Specialist/Social Worker" means the Children's Administration position responsible for meeting all casework management directives as required by law, policy and other mandates, including but not limited to, meeting documentation and payment initiation requirements for accurate and timely entries into the CA data collection system, Famlink, and accomplishing the overall goals of developing partnerships with families, focusing on practical everyday life tasks and promoting specific skills tied to the family's tasks.

"Subcontractor" means one not in the employment of Contractor, who is performing all or part of the business activities under this RFP under a separate contract with Contractor. The term "Subcontractor" means Subcontractor(s) of any tier.

"**Trauma Informed Care**" means a service delivery system designed to include a basic understanding of how trauma affects the life of an enrollee seeking services. Traditional service delivery approaches may exacerbate trauma related symptoms in a survivor of trauma. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities and triggers of trauma, so that these services and programs can be more supportive and avoid re-traumatization.

"Youth" means enrollees in foster care who are between 12 and 18 years of age.

"Washington Administrative Code (WAC)" means the rules adopted by agencies to implement legislation and RCWs. All references in this Contract to WAC chapters or sections shall include any successor, amended, or replacement regulation. Pertinent WAC chapters or sections can be accessed at http://www.leg.wa.gov/LawsAndAgencyRules/Pages/default.aspx

"**Wraparound with Intensive Services**" or "**WISe**" means, a program of intensive, individualized mental health services to Medicaid-eligible children and youth up to age 21 that are individualized, intensive, coordinated, comprehensive and culturally competent, and provided in the home or community. The WISe program is for youth who are experiencing mental health symptoms to such a degree that it causes severe disruption in behavior, interfering with the ability to function in the family, school or community, requiring:

- The involvement of the mental health system and other child serving systems and supports;
- Intensive care collaboration and coordination; and
- Ongoing intervention to stabilize the youth and family in order to prevent more restrictive or institutional placement.

2 INTRODUCTION

2.1 Background and Purpose

In 2013, the Washington State Legislature mandated the Health Care Authority (HCA) to enroll all Medicaid eligible children into managed care programs, including children and youth in foster care and adoption support. *See* Laws of 2013, Second Special Session, Chapter 4, Section 213(33).

HCA, in partnership with the Department of Social and Health Services (DSHS), is soliciting Proposals from eligible bidders to develop and implement a managed care program for children and youth in foster care and adoption support programs, and to young adult alumni of the foster care system. HCA will award a single contract as the result of this procurement (although as noted above, HCA reserves the right to not award any contract at all).

This program will provide a comprehensive and coordinated medical benefit~~,~~ that includes primary care, ancillary services, pharmacy, and an outpatient mental health benefit. For the ~~first year~~two years of the contract, the Apparently Successful Bidder (ASB) will coordinate health care services provided by the ASB with mental health and substance use disorder services provided by the existing, county-based behavioral health system. It is anticipated that, as the result of legislation passed by the 2015 Legislature, medical, mental health and substance use disorder services will be integrated in the AHFC program beginning in October of 2018. ~~The ASB must ensure continuity of all health care services across placement changes that may necessitate changes in the enrollee's health care providers.~~

Together, HCA and DSHS work to ensure the health and wellbeing of children and youth in foster care and adoption support. Historically, health care services provided to this population have been fragmented. Health care services are currently provided through the Medicaid fee-for-service system, charity care, and care authorized by Children's Administration (CA) Social Workers to expedite access to needed services when the Medicaid fee-for-service system does not respond in a timely manner.

This complex and vulnerable population of children and youth, many with multiple physical and behavioral health needs, may not have access to regular primary care or to behavioral health services. Because of the common circumstances that surround a child's need for out of home placement, most children in foster care have been exposed to Adverse Childhood Experiences (ACEs). This results in trauma and the need for Primary Care Providers (PCPs) and Health Care Coordinators who have knowledge of and who have integrated the principles of Trauma Informed Care into their practice and treatment approach. The Apparently Successful Bidder (ASB) in this procurement will work with its clinical staff and contracted providers to ensure knowledge of the principles of Trauma Informed Care.

HCA and DSHS seek to contract with a single MCO that will develop a system of health care coordination that tracks children and youth in foster care and adoption support across placements and movement from one physical location to another in a

manner that ensures continuity of health care. MCO health care coordinators will ensure access to needed health care services, and smooth transitions in health care providers, especially if the enrollee has multiple providers. If the enrollee has a change in placement that necessitates changing health care providers, the Health Care Coordinator will ensure continuity of providers, prescriptions and medical supplies. Because of the timing challenges associated with child welfare, the ASB must have a system in place that is responsive to requests for prompt provision of health care services when children enter out-of-home placement, change placements, return home, or are adopted. Services must include transfer of medical records and prescriptions to a new provider. It is essential for the successful bidder to have in place a program for enrollees that provides active coordination of services between multiple health care systems.

HCA and DSHS will meet regularly with the ASB during the implementation period, conduct an onsite readiness review prior to contract execution, and closely monitor program progress after implementation.

Because of the additional regulations related to Indian Child Welfare, we do not anticipate immediately enrolling American Indian/Alaska Native (AI/AN) children in this program as a mandatory group. However, individual AI/AN beneficiaries may enroll voluntarily and the successful bidder must be able to coordinate with tribal entities to ensure AI/AN children receive culturally appropriate services.

2.2 Program Objectives

The objectives of this program are to:

2.2.1 Develop a collaborative approach between the health care system and the CA care system that ensures provision of coordinated health care services for program enrollees and involves the child's parents, caregivers, social worker(s) and other supports in the enrollee's care.

2.2.2 Improve access to care by establishing a medical home with an assigned Primary Care Provider for children and youth in foster care and adoption support, and young adults aged 18 through 26 who are alumni of the foster care system;

2.2.3 Utilize HCA-contracted Health Homes for enrollees who meet Health Home criteria and provide health care coordination services for enrollees with multiple or complex health care needs who do not meet Health Home criteria;

2.2.4 Provide smooth transitions of health care as children and youth move from home to foster care, from one placement to another, from hospital or other institutional setting to another or from such settings to home;

2.2.5 Support enhanced stability for program enrollees by achieving improved health outcomes;

2.2.6 Provide education and assistance to enrollees who are transitioning from foster care to independence in navigating the health care system, so the enrollee will not lose access to needed health care services;

2.2.7 Control the cost of care by providing more comprehensive and coordinated health care services.

2.3 Case Scenarios for Potential Enrollees

These are four (4) scenarios that describe children in the foster care/adoption support program using pseudonyms. These are individual children, not composites of several high needs children. Not all information is available for each child, but they provide a representation of the children the Apparent Successful Bidder might see in the Apple Health Foster Care Program.

2.3.1 Case Scenario #1 (Janie)

Janie is an eighteen (18) month old girl who was placed in foster care at birth from the hospital. Janie's parent's parental rights were terminated and she remains in foster care. Due to her medical needs and disabilities, placing Janie has been a challenge. Janie has a brain anomaly, Cortical Dysplasia, Epilepsy and developmental delays. Janie has medications to control her seizures, which are becoming less frequent. When Janie has a seizure, the little flap in her throat tends to close and she usually needs repositioning to open her airway, but sometimes oxygen is needed so it must be available at all times. Janie has also been evaluated for her developmental delays, vision problems, and for speech therapy. Janie's provider has not received the results of these evaluations yet, and follow-up with Seattle Children's Hospital Neurology is also needed.

Medications/Treatments: Midazolam for seizures lasting longer than three (3) minutes, or for more than four (4) tonic-clonic seizures in thirty (30) minutes; Zonisamide, Valproate Sodium Syrup, Lamotrigine Tabs, Omeprazole capsules, Ketogenic diet

2.3.2 Case Scenarios #2 (Ethan)

Ethan is a six and a half (6.5) year old male who entered foster care upon discharge from the hospital after his birth. He is legally free for adoption. He was placed by DSHS with his aunt (unlicensed relative care) who wants to adopt him; however, she is concerned about his future health and mental health care needs and what long-term supports could be available to her through DSHS and Apple Health.

Ethan was diagnosed with Autism and developmental delays. There was possible exposure to alcohol in utero but Ethan's aunt has not been able to access evaluations for either condition. She would like Ethan to have Applied Behavioral Analysis, and wants to know more about an evaluation for Fetal

Alcohol Syndrome. Ethan does get speech therapy services for a serious speech impediment.

Ethan has been hospitalized three times in the last six months for: Shortness of breath, vomiting, altered Mental Status and dehydration. Follow up is needed to determine what is causing these issues.

2.3.3 **Case Scenario #3 (Lori)**

Lori is a fifteen (15) year old female with multiple mental and behavioral health problems. Lori was molested by her father until she was placed in foster care four (4) years ago. Lori has been on the run from her foster care placement for sixty (60) out of the last one hundred eighty (180) days. When she is on the run, Lori sleeps under a bridge and gets money for food from prostitution. Due to her running episodes, she is not receiving recommended counseling services and medications. Her run episodes and foster care placement changes have caused changes in mental health service providers and coordination with RSN's but she has not developed a relationship with her providers that will allow her to disclose information about the abuse she suffered. Lori's current caregivers are also concerned that she not had an EPSDT exam for the past two years, although she should have had one after each incident of running.

Medical/Mental Health Diagnoses: Lori has been diagnosed with the following mental health conditions, but has not addressed them in counseling. She has been prescribed multiple psychotropic medications, with no follow-up and no coordination to ensure they do not conflict.

- Oppositional Defiant Disorder
- Depression
- Anxiety
- Attachment Disorder
- PTSD
- Self-harm behaviors including cutting/burning self

2.3.4 **Case scenario #4 (Daisy)**

Daisy is a three (3) year old female who entered foster care four (4) days ago due to substantiated allegations of abuse and neglect. While she appears healthy, the social worker reports there was evidence of methamphetamine use and no food in the home from which Daisy was removed.

Medical Diagnoses:

- No known medical issues reported by parent;

- Other Factors:

- Child's parent reports she has not been seen by a doctor in the past two years.

- Child is one of six (6) siblings. She appears healthy; however she is very quiet and withdrawn.

2.4 Contract Term

The period of performance of any contract resulting from this RFP is tentatively scheduled for October 1, 2015 through ~~December~~September 30, 2017. At its sole discretion, the Health Care Authority (HCA) may renew any contract awarded as a result of this RFP for up to four (4) additional years in two (2) year increments As noted, above, HCA also reserves the right, in its sole discretion, to not award any contract at all.

2.5 Funding

The Bidder must develop and submit per-member, per-month proposed rates using information provided by HCA's contracted actuaries at Milliman, Inc. The necessary rate documents are located on a Secure File Transfer (SFT). HCA will send the SFT password and log on in an email separate from the email used to send the RFP.

Neither HCA nor DSHS shall make any payment in advance of a contract resulting from this procurement. Do not request early payment, down payment or partial payment of any kind. The Contractor shall only receive payment for services provided under a properly executed contract beginning no earlier than October 1, 2015.

2.6 Americans with Disabilities Act

HCA complies with the federal Americans with Disabilities Act (ADA). Bidders may contact the RFP Coordinator to receive this RFP in Braille or on tape.

3 GENERAL INFORMATION FOR BIDDERS

3.1 RFP Coordinator

The RFP Coordinator is the sole point of contact in HCA for this procurement. Any other communication will be considered unofficial and non-binding on HCA. Bidders are to rely on written statements issued by the RFP Coordinator. Communication directed to parties other than the RFP Coordinator **may result in disqualification**. All communication between the Bidders and HCA upon receipt of this RFP shall be with the RFP Coordinator or their designee, as follows:

Cyndi Presnell, RFP Coordinator
Email: contracts@hca.wa.gov

Overnight or hand delivery of Proposal:

Cyndi Presnell, RFP Coordinator
RFP #15-002 – Apple Health Foster Care
3819 Pacific Avenue S.E., Suite A
Lacey, WA 98503

Bidders are hereby advised that the U.S. Postal Service does not make deliveries to our physical location. Proposals may be delivered by hand or courier/overnight service to our warehouse/mailroom location.

If hand delivering the Proposals, Bidder **must** actually hand the Proposal to an individual located at our warehouse/mailroom at address listed above. Staff at the warehouse will provide you with a receipt that provides you with a date and time the Proposal was received.

3.2 Communications

All Communications concerning this acquisition must be directed to the RFP Coordinator. Unauthorized contact regarding the RFP with other state employees **may result in disqualification**. Any oral communications will be considered unofficial and non-binding on HCA. Bidders shall reply only on written statements issued by the RFP Coordinator. Solicitation to HCA employees is prohibited in any form.

Base your Proposal on the material contained in the RFP and any subsequent amendments. Disregard any draft material you may have received and any oral representations by any party.

You may use email for any communications required in this RFP **except** your Proposal.

HCA does not take responsibility for any problems in the e-mail, or Internet delivery services either within or outside HCA.

3.3 Procurement Schedule

All Bidders must adhere to the following schedule of activities. Bidders mailing Proposals should allow normal mail delivery time to ensure timely receipt of their Proposals by the RFP Coordinator listed in this RFP. Late Proposals will not be accepted, nor will time extensions be granted.

RFP PROCUREMENT SCHEDULE

Activity	Due Dates	Time
RFP Release Date	5/7/15	
Questions deadline from bidders **AND** Mandatory Letter of Intent to Propose	5/14/15	**2:00 p.m., Pacific Daylight Time**
Amendment - HCA Response to Bidder Questions	5/21/15	
Technical Assistance teleconference (Provider Network with an emphasis on foster care required specialties)	5/27 and 5/29	RFP Coordinator will contact potential bidders to schedule technical assistance conference call.
Pre-bid conference (rates discussion only)	6/12/15	11:00 a.m. to 1:00 p.m.
Complaints Deadline	~~6/10/15~~6/26/15	**2:00 p.m., Pacific Daylight Time**
Proposal Due from Bidders	~~6/17/15~~7/6/15	**2:00 p.m., PDT**
Evaluation Period - Including network validation(approximate time frame)	~~6/19/15 to 7/2/15~~7/8/15 to 7/21/15	
Projected Announcement of Apparently Successful Bidder (ASB)	~~7/7/15~~7/23/15	
Debriefing Request Deadline Note: Debriefs will be held ~~the week of July 13th~~no later than 7/31	~~7/10/15~~7/28/15	**2:00 p.m., Pacific Daylight Time**
Readiness Review with ASB	To Be Determined	
Proposed Contract Start Date (on or before)	10/1/15[1]	

HCA reserves the right to adjust this schedule as it deems necessary, at its sole discretion.

The contents of this RFP and any Amendments (including adjustments to the schedule) will be posted on the HCA's website at: http://www.hca.wa.gov/Pages/rfp.aspx

[1]The Contract start date is contingent on the timely approval of a 1915(b) Waiver.

3.4 Pre-Proposal Conference

3.4.1 A pre-proposal conference for a discussion of rates **only** is scheduled to be held on June 12, 2015 from 11:00 a.m. to 1:00 p.m. PST, in the Pear Conference Room, at the Health Care Authority, 626 8th Ave SE, Olympia, WA 98504. Space is limited. Please limit in-person staff attendance to five (5) individuals. A conference call line will also be available. The call-in code and phone number will be provided via email a few days prior to the pre-proposal conference. All prospective Bidders should attend; however, attendance is not mandatory.

A copy of the questions and answers from the pre-proposal conference will be posted on the HCA website. Written questions are encouraged to be submitted in advance to the RFP Coordinator at Contracts@hca.wa.gov. If submitting rate questions in advance, please submit to the RFP Coordinator by COB on June 8, 2015. The HCA shall be bound only to written answers to questions. Any oral responses given at the pre-proposal conference shall be considered unofficial.

Within five (5) business days of the pre-proposal conference, a copy of the questions and answers from the pre-proposal will be placed on the HCA web site:
http://www.hca.wa.gov/contracts_procurements/Pages/index.aspx

3.5 (M) Minimum Requirements

3.5.1 The Bidder must be licensed to do business in the State of Washington.

3.5.2 The Bidder must have submitted a Letter of Intent to Propose by the deadline described in the RFP Procurement Schedule in order to submit a response to this RFP.

3.5.3 The Bidder must be a Managed Care Entity in good standing with the Washington State Office of the Insurance Commissioner.

3.5.4 The Bidder must currently have a contract with HCA under Apple Health Medicaid Managed Care program to provide full scope managed care to Medicaid enrollees covered by the HCA.

3.5.5 The Bidder must be willing to comply with the terms contained in the attached draft contract, although those terms are subject to change by HCA as the RFP process continues.

~~3.5.6 Bidders must have a contracted statewide health care provider network that includes essential providers, as described in this RFP.~~

3.6 (M) Letter of Intent to Propose

You **must** send HCA a Letter of Intent to propose to be eligible to submit a Proposal. The Bidder must submit the Letter of Intent to Propose by email only and must reference RFP #15-002 in the subject line of the email. Submit the Letter of Intent to propose to the RFP Coordinator at the email address listed in Section 3.1 no later than **date and time stated in the RFP Procurement Schedule**. By submitting the letter, the Bidder accepts the procedure, review criteria and the administrative instructions of this RFP.

Under no circumstances will Letters of Intent to Propose be accepted after the deadline. Submitting a Letter of Intent to Propose does not obligate you to submit a Proposal. Letters of Intent to Propose may be used as a pre-screening mechanism to determine whether minimum qualifications are met.

Information in your Letter of Intent to Propose should be placed in the same order as the following outline:

3.6.1 Bidder's Organization Name;

3.6.2 Bidder's authorized representative for this RFP (This representative shall also be named the authorized representative identified in the Bidder's Proposal);

3.6.3 Title of authorized representative;

3.6.4 Address;

3.6.5 Telephone number;

3.6.6 Email address;

3.6.7 Statement of intent to propose; and

3.6.8 A confirmation statement that your organization meets all the Minimum Requirements specified in Section ~~3.4~~ 3.5 of the RFP.

Failure to submit a Letter of Intent to Propose which addresses all the elements above shall disqualify the Bidder from further participation in the RFP process.

HCA reserves the right to request clarification from any potential bidder regarding its Letter of Intent to Propose. The request for clarification regarding the Letter of Intent to Propose will **not** extend the deadline for submission of responses to this RFP.

Only bidders submitting a Letter of Intent to Propose will receive amendments and other information regarding this RFP.

3.7 (M) Delivery of Proposals

The Proposal must be received by the RFP Coordinator at the address specified in Section 3.1 of this RFP no later than the **date and time** specified in the RFP Procurement Schedule. Bidders mailing Proposals should allow normal mail delivery time to ensure timely receipt of their Proposals by the RFP Coordinator. Bidders assume the risk for the method of delivery chosen. Bidders are encouraged to submit their responses at least one (1) day early to ensure against unforeseen delivery issues such as weather or traffic problems.

HCA assumes no responsibility for delays caused by the U.S. Postal Service, or other delivery systems regarding any documents relating to this RFP. Time extensions will not be granted. Documents received after the specified deadline will be deemed as non-responsive and will not be accepted, reviewed, or evaluated.
All Proposals and any accompanying documentation become the property of the HCA and will not be returned.

3.8 Bidders Questions and Answers

3.8.1 It is the responsibility of potential bidders to carefully read, understand, and follow the instructions contained in this RFP document and all amendments to the RFP.

3.8.2 All questions regarding this RFP must be in writing (e-mail) and addressed to the RFP Coordinator. HCA will only answer questions received by the date and time specified in RFP Procurement Schedule. Questions received after the date and time stated in the schedule will not be accepted.

3.8.3 Questions will not be individually answered prior to the date scheduled for HCA responses unless the response could determine whether that bidder submits a Letter of Intent to Propose or a Proposal. Those questions and the response will become part of the official questions and answers (RFP Amendment).

3.8.4 Bidders' questions and HCA's official written answers will be sent to all bidders who submitted a Letter of Intent to Propose and will be posted on HCA's website by the date in the RFP Procurement Schedule. Bidders are responsible for the accuracy of their contact information.

3.9 Complaint Process

A potential Bidder may submit a complaint regarding this RFP. Grounds for the complaint must be based on at least one (1) of the following:

- The procurement unnecessarily restricts competition.
- The procurement evaluation or scoring process is unfair or flawed.
- The procurement requirements are inadequate or insufficient to allow the Bidder to prepare a response.

The complaint must be submitted in writing to the RFP Coordinator by the Complaints Deadline. The complaint may not be raised again during the protest period.

The complaint must contain ALL of the following:

- The complainant's name, name of primary point of contact, mailing address, telephone number, and e-mail address (if any).
- A clear and specific statement articulating the basis for the complaint.
- A proposed remedy.

HCA will send a written response to the complainant before the deadline for Proposal submissions. This is the sole and exclusive process for submitting any complaint regarding the RFP and for HCA to resolve any such complaint. The complainant does not have the right to an adjudicative proceeding or to any other type of formal "hearing." The submission of a complaint, and any HCA action on any such complaint, is not subject to or governed by the Administrative Procedure Act. The response will explain HCA's decision and steps it will take in response to the complaint (if any). The complaint and the response, including any changes to the solicitation that may result, will be posted on HCA's website. HCA's decision is final; no further appeal will be available.

4 GENERAL PROVISIONS

4.1 Costs of Proposal Preparation

HCA will not be liable for any costs incurred by the Bidder in preparation of a Proposal submitted in response to this RFP, in the conduct of a presentation, in facilitating site visits or any other activities related to responding to this RFP.

4.2 Alternative Proposals

Each Bidder may submit only one Proposal. Unless specifically required in the RFP if you include alternatives within your Proposals, or send multiple Proposals, HCA will reject all of your Proposals.

4.3 Ownership of Proposals

All Proposals and materials submitted in response to this RFP shall become the property of HCA. HCA will have the right to use ideas or adaptations of ideas that are presented in the responses, unless these ideas are marked "Proprietary". Selection or rejection of the offer will not affect this right.

4.4 Insurance

Prior to contract execution, the Contractor may be required to provide a Certificate(s) of Insurance executed by a duly authorized representative of each insurer showing compliance with the insurance requirements set forth in the Contract.

4.5 Recipient of Insufficient Competitive Proposals/Repsonse

If HCA receives only one (1) responsive Proposal as a result of this RFP, HCA reserves the right to either (a) select that Bidder; (b) select an organization that did not submit a bid but that HCA, in its sole discretion, concludes best meets the needs of HCA; or (c) not award any contract at all.

4.6 Non-Responsive Proposals/Waiver of Minor Irregularities

HCA will not be liable for any errors or omissions in Bidder's Proposal. Bidders will not be allowed to alter Proposal documents after the RFP Responses due date identified in the RFP Procurement Schedule.

Read all instructions carefully. All Proposals will be reviewed by the RFP Coordinator to determine compliance with administrative requirements and instructions specified in this RFP. If you do not comply with any part of this RFP, HCA may, at its sole discretion, reject your Proposal as non-responsive.

HCA reserves the right, in its sole discretion, to waive minor administrative irregularities contained in any Proposal, including, but are not limited to, items that:

4.6.1 Do not affect responsiveness;

4.6.2 Are merely a matter of form or format;

4.6.3 Do not change the relative standing or otherwise prejudice other offers;

4.6.4 Do not change the meaning or scope of the RFP;

4.6.5 Are trivial, negligible, or immaterial in nature;

4.6.6 Do not reflect a material change in the work; or

4.6.7 Do not constitute a substantial reservation against a requirement or provision.

4.7 Amendment to the RFP

HCA reserves the right to revise the RFP and to issue amendment(s) to the RFP. HCA may correct errors in the solicitation document identified by HCA or a Bidder. Any changes or corrections will be made by one or more written amendment(s), dated, and attached to or incorporated in and made a part of this solicitation document. In addition, the answers to questions that are submitted to the RFP Coordinator, together with other pertinent information, shall be provided as an amendment to the RFP. All changes must be authorized and issued in writing by the RFP Coordinator. If there is any conflict between amendments/addenda, or between an amendment and the RFP, whichever document was issued last in time shall be controlling.

The Bidder is instructed to disregard any oral representations it may have received. Proposal evaluation will be based on the material contained in the RFP and any amendments to the RFP that have been issued.

It is incumbent upon each potential Bidder to carefully examine these requirements, terms and conditions. If any potential Bidder believes there are discrepancies, omissions or ambiguities in this RFP, the Bidder may submit a written request to the RFP Coordinator for an interpretation. Any inquiries, suggestions or requests concerning interpretation, clarification or additional information shall be made, in writing, (including email transmissions) to the RFP Coordinator, as specified in Section 3.1 of this RFP.

4.8 No Obligation to Buy

HCA reserves the right and without penalty, to reject, in whole or in part, any or all Proposals, to award no contract as a result of this RFP, to advertise for new Proposals, to abandon the need for such services; and/or to cancel or reissue this RFP prior to execution of a contract if it is in the best interest of HCA to do so, as determined by HCA in its sole discretion.

4.9 Mandatory Response Overview

The Bidder must complete a response to each mandatory section. Proposals may be disqualified for not completing Proposal sections. Each Mandatory item is noted with an (M) and scored on a Pass/Fail basis. Each Mandatory Scored item is noted with a (MS) and scored based on how Bidder response complies with the requirement.

In response to each RFP requirement, Bidders must clearly describe how their Proposal meets the requirement. The Proposal will be scored based on how well the Bidder meets HCA's requirements. Failure to meet an individual requirement will not be the basis for disqualification; however, failure to provide a response may be considered non-responsive and be the basis for disqualification of the Proposal.

4.10 (M) Proprietary Information/Public Disclosure

HCA is subject to the Public Records Act (chapter 42.56 RCW). Bidder's Response can be disclosed through the process set forth in this subsection. Portions of Bidder's Response may be protected from disclosure through the process set forth in this subsection.

- Bidder cannot restrict its entire Response or entire sections of the Response from disclosure.

- Bidder cannot restrict its pricing from disclosure.

Any attempts to restrict disclosure through use of footers on every page and/or statements restricting disclosure will not be honored and may subject Bidder to disqualification.

If Bidder wants to protect any Proprietary Information that is included in its Response from disclosure, the information must be clearly identified by Bidder as Proprietary Information. Each page claimed to be exempt from disclosure must be clearly identified by the word "Proprietary" printed on the lower right hand corner of the page. Bidder must identify sections or pages claimed as Proprietary in its Letter of Submittal (Section 5.3 Letter of Submittal).

HCA will maintain the confidentiality of all information marked Proprietary to the extent consistent with the Public Records Act. If a public disclosure request is made to view Bidder's Proprietary Information, HCA will notify Bidder of the request and of the date that the Proprietary Information will be released to the requester unless Bidder obtains a court order from a court of competent jurisdiction enjoining that disclosure. If Bidder fails to obtain the court order enjoining disclosure, HCA will release the Proprietary Information, on the date specified.

HCA's sole responsibility shall be limited to maintaining Bidder's identified Proprietary Information in a secure area and to notify Bidder of any request(s) for disclosure for so long as HCA retains Bidder's information in HCA records. Failure to so label such materials or failure to timely respond after notice of request for public disclosure has been given shall be deemed a waiver by Bidder of any claim that such materials are exempt from disclosure.

HCA will charge for copying and shipping any copies of materials requested as outlined in chapter 182-04 Washington Administrative Code (WAC). Address requests for copying or inspecting materials to the RFP Coordinator named in this RFP.

HCA will retain RFP records in accordance with Washington State and HCA Records Retention Schedules.

4.11 Acceptance Period

Proposals providing less than one hundred twenty (120) calendar days for acceptance by HCA from the Proposal due date will be considered non-responsive and will be rejected. Proposals that do not address all areas requested by this RFP may be deemed non-responsive and may not be considered for a possible contract resulting from this RFP.

4.12 Authority to Bind HCA

The HCA Director and the Director's designees are the only persons who may legally commit HCA to the expenditures of funds under contracts or amendments to the contract resulting from this RFP. The Contractor shall not incur, and HCA shall not pay, any costs incurred before a contract or any subsequent amendment is fully executed.

4.13 Contract Terms

The Apparently Successful Bidder(s) will be expected to sign a contract with terms that are substantially the same as the sample contract included with this RFP as Exhibit D, Sample AHFC Contract. Any revisions made to the 2015 Apple Health contract will be incorporated in to the final AHFC contract. The contract will also incorporate this RFP and the successful Proposal.

Either party may propose additional contract terms and conditions during negotiation of the final contract. These terms and conditions will be within the scope of the RFP and will not affect the Proposal evaluations. However, as stated in this RFP, proposed alternate language to Exhibit D, Sample AHFC Contract must be **attached** to Exhibit B, Certifications and Assurances. Use Attachment 1, Comment and Edit Tracker for submitting comments/edits to AHFC contract language.

If two or more organizations' joint proposal is apparently successful, **one (1) organization must be designated as the Prime Bidder**. The Prime Bidder will be HCA's sole point of contact and will bear sole responsibility for performance under any

resulting contract.

If the Apparently Successful Bidder(s) refuses to sign the final contract within thirty (30) business days of delivery, HCA may cancel the selection and award the contract to the next-highest-ranked Bidder(s).

4.14 Federal Funding Accountability and Transparency Act (FFATA) (if applicable)

The resulting contract may be supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how federal funds are spent.

To comply with the act and be eligible to enter into this contract, your organization must have a Data Universal Numbering System (DUNS®) number. A DUNS® number provides a method to verify data about your organization. If you do not already have one, you may receive a DUNS® number free of charge by contacting Dun and Bradstreet at www.dnb.com.

You will be required to complete a Federal Funding Accountability and Transparency Act (FFATA) Data Collection Form (**sample attached**) which must be returned with your signed contract. If this form is not completed and returned, your contract will not be executed until it has been received by the Agency.

Required Information about your organization and this contract will be made available on USASpending.gov by the Washington State Health Care Authority as required by P.L. 109-282. As a tool to provide the information, HCA encourages registration with the Central Contractor Registry (CCR) because less data entry and re-entry is required by both HCA and your organization. You may register with CCR on-line at https://www.uscontractorregistration.com/.

4.15 Centers for Medicare and Medicaid Services (CMS) Approval

Any contract awarded as a result of this RFP requires the approval of CMS. Should CMS fail to approve the contract resulting from this RFP, the contract may be terminated in accordance with the terms of the contract.

4.16 Incorporation of RFP and Proposal in Contract

This RFP and the Bidder's response, including all promises, warranties, commitments, and representations made in the successful Proposal, shall be binding and incorporated by reference in HCA's contract with the Bidder.

4.17 Most Favorable Terms

HCA reserves the right to make an award without further discussion of the Proposal submitted. Therefore, the Proposal should be submitted initially on the most favorable terms that the Bidder can offer. At its discretion, HCA reserves the right to request best and final offers from the RFP finalists. Bidder must be prepared to accept this

RFP for incorporation into a contract resulting from this RFP. The contract may incorporate some of or the Bidder's entire Proposal. It is understood that the Proposal will become a part of the official file on this matter without obligation to HCA.

4.18 Withdrawal of Proposals

Bidders may withdraw a Proposal that has been submitted at any time up to the Proposal due date and time in Section 3.3. A written request signed by an authorized representative of the Bidder must be submitted to the RFP Coordinator by email. After withdrawing a previously submitted Proposal, the Bidder may submit another Proposal at any time up to the Proposal due date and time as listed in Section 3.3 of this RFP.

4.19 Proposal Clarifications

HCA will make the sole determination of clarity and completeness in the Proposals to any of the provisions in this RFP. HCA reserves the right to require clarification, additional information and materials in any form relative to any or all of the provisions or conditions of this RFP without extending the timelines of the RFP.

4.20 Non-Endorsement

No informational pamphlets, notices, press releases, research reports and/or similar public notices concerning this project, may be released by any Apparently Successful Bidder, without obtaining prior written approval from HCA.

4.21 Waivers

HCA reserves the right, at its sole discretion, to waive specific terms and conditions contained in this RFP. It shall be understood by Bidders that the Proposal is predicated upon acceptance of all terms and conditions contained in this RFP, unless the Bidder has obtained such a waiver in writing from HCA prior to submission of the Proposal. Such a waiver, if granted, will be granted to all Bidders.

4.22 Worker's Compensation Coverage

The Contractor will, at all times, comply with all applicable workers' compensation, occupational disease and occupational health and safety laws, statutes and regulations to the full extent applicable. Neither the State of Washington nor HCA will be held responsible in any way, for claims filed by the Contractor or their employees for service(s) performed under the terms of the contract awarded from this RFP.

4.23 Minority and Women Owned and Veteran Owned Business Enterprises

In accordance with the legislative findings and policies set forth in chapter 39.19 RCW, and RCW 43.60A.200 and 39.22.240, the State of Washington encourages participation by veteran-owned business enterprises and Minority- & Women-Owned Business Enterprises (MWBE), either self-identified or certified by, respectively, the Department of Veterans Affairs or the Office of Minority & Women's Business Enterprises (OMWBE). While the State does not give preferential treatment, it does

seek equitable representation from the veterans, minority and women's business communities.

Participation by veteran-owned and MWBE contractors may be either on a direct basis in response to this RFP or as a subcontractor to a contractor. However, no preference will be given in the evaluation of Proposals, no minimum level of MWBE or veteran-owned business participation shall be required, and Proposals will not be evaluated, rejected or considered non-responsive on that basis.

Bidders may contact the Office of Minority & Women's Business Enterprises (OMWBE) at http://www.omwbe.wa.gov/index.shtml and/or the Department of Veterans Affairs at http://www.dva.wa.gov/BusinessRegistry/default.aspx to obtain information on certified firms for potential sub-contracting arrangements or for information on how to become certified.

4.24 Right to Withdraw Award

HCA reserves the right to withdraw the letter of award if prior to executing the contract a receiver is appointed to take possession of the Apparent Successful Bidder's (ASB's) assets, the ASB makes a general assignment for the benefit of creditors, or the ASB becomes insolvent or takes or suffers action under the federal Bankruptcy Act. In such event, HCA may, in its sole judgment, issue a letter of award to the ASB ranked second as a result of the Proposal evaluation.

5 PROPOSAL CONTENT AND SUBMISSION

5.1 (M) Submission of Proposal

Bidders must submit their Proposal as follows:

5.1.1 Two (2) copies of the Technical and Management Proposals on DVD-RW/DVD-ROM in Adobe PDF. Ensure the DVD is labeled Technical and Management Proposal with the date, RFP title, RFP number, and Bidder's name;

Include the following additional documents on the Technical and Management DVD:

- Exhibit A, Letter of Submittal;
- Exhibit B, Certifications and Assurances; and
- Attachment 1, DRAFT Apple Health Foster Child comment/edit.

5.1.2 Two (2) copies of the Bidder's proposed Network on DVD-RW/DVD-ROM and all files required in Exhibit E, GeoCoding. Include Exhibit F, Network Narrative on this DVD and copies of the signature pages required in 6.1.5. Ensure the DVD is labeled Network with the date, RFP title, RFP number, and Bidder's name.

5.1.3 Two (2) copies of the Cost Proposal, including all documents described in Section 6.4 of this RFP on DVD-RW/DVD-ROM Microsoft Office 2003 or later. Ensure the DVD is labeled Cost Proposal with the date, RFP title, RFP number, and Bidder's name.

The RFP Coordinator must receive the Proposal that includes all six (6) DVDs at the address specified in Section 3.1 no later than the date and time specified in RFP Procurement Schedule. Late Proposals will not be accepted and shall automatically be disqualified from further consideration. The method of delivery shall be at the Bidder's discretion and it is the Bidder's sole risk to assure delivery at the designated office. Faxed or emailed Proposals will not be accepted and will be disqualified.

For the Proposal to be considered complete the Bidder must comply with **all requirements** of this RFP. Bidders must submit a Proposal that responds to all sections of the RFP. Bidder's failure to comply with any part of HCA's RFP may result in the Bidder's Proposal being disqualified as non-responsive.

5.2 (M) Proposal Format

The Proposal should be prepared simply and economically, providing a straightforward and concise description of the Bidder's ability to meet the requirements of this RFP.

Proposals must be prepared using 12-size font Arial or Times New Roman and submitted on DVD-RW/DVD-ROM at the address specified in Section 3.1. Many of DataBook files and GeoCoding files are too large to submit via email so they must be submitted on DVD. No hard copies of the bids will be accepted.

The Proposal must contain information responding to all Mandatory Requirements in each of the major requirements and must include all of the Exhibits completely filled out and signed by an authorized Bidder representative.

The major sections of the RFP are:

5.2.1 Letter of Submittal (Exhibit A)

5.2.2 Certification and Assurances (Exhibit B)

If there are any exceptions to the contract terms in Exhibit D, Sample AHFC contract, the bidder must identify those exceptions in detail using Attachment 1, DRAFT Apple Health Foster Child comment/edit tracker and attached to Exhibit B, Certifications and Assurances. Only comment on the Foster Care contract language that appears in track changes.

5.2.3 Network (Section 6.1), Exhibit E, GeoCoding Foster Care Bidders Instructions, and Exhibit F, Network Narrative. Documents for Network submission will be available via SFT. Bidders will receive an email separate from the RFP email with access information to the SFT.

5.2.4 Technical Specifications Proposal (Section 6.2)

5.2.5 Management Specifications Proposal (Section 6.3)

5.2.6 Cost Specifications Proposal (Section 6.4). Bidders will receive an email separate from the RFP email with access and password information to the SFT.

Proposals must provide information in the same order as presented in this document with the same headings. Title and number your response to each question in the same order it appears in the RFP. Restate the question number and text of the question or requirement in the sequence it appears in the RFP then provide your response. **Failure of the Bidder to respond to any mandatory requirement in this RFP may cause the entire Proposal to be eliminated from further consideration**.

All pages must be consecutively numbered. The firm name and the page number may be located at the top or bottom, but the location must be consistent throughout.

Attachments must be labeled and the question number to which it responds must be indicated.

For mandatory requirements (M) or mandatory scored requirements (MS), clearly describe how your response meets the requirement. A response of "not applicable" is considered non-responsive. Do not respond by referring to other sections of your Proposal. Do not refer to websites or other sources in your RFP.

The evaluators will only evaluate materials provided in the Proposal that are responsive to the requirements. It is the Bidder's responsibility to fully articulate their response to each question. Do not assume the evaluators understand your business policies or practices.

The number in parentheses after each question or requirement represents the maximum number of points that may be awarded for the Bidder's response to that question or requirement.

Proposals must be only based on the material contained in this RFP. Bidders are to disregard any previous draft material and any oral representations they may have received.

Brevity and clarity in your Proposal are essential. Be succinct and use quantifiable descriptions whenever possible. It is the Bidder's responsibility to ensure all of the pages are included in all of the copies and all pages are numbered. Evaluators will not have access to pages that were included in the original, but not in their copies.

5.3 (M) Letter of Submittal

The Letter of Submittal will be submitted using Exhibit A, Letter of Submittal. Bidders must complete all sections of Exhibit A. Signing the Letter of Submittal indicates the

Bidder accepts the terms and conditions of the RFP. Failure to address all of the elements identified in Exhibit A, Letter of Submittal may result in disqualification. Carefully read Exhibit A, Letter of Submittal as there are additional pages that you must attach to your Letter of Submittal, depending on your responses to the questions.

6 PROPOSAL SPECIFICATIONS

6.1 Network (100 points)

6.1.1 The Bidder must submit a network capable of providing all covered services to enrollees statewide. The network submission must meet access standards described in Exhibit D, Sample Apple Health Foster Care Contract, Subsection 6.9 Provider Network – Distance Standards, in addition, for ~~Essential~~Critical providers (Hospitals, PCPs, Pediatric PCPs, ~~Behavioral~~ Mental Health and Speech~~, Occupational and Physical~~ Therapists) bidders must show that they will have the capacity to serve 70% or more of all eligibles within a given service area. To receive maximum credit for this section, the submission must include only those providers with whom the Bidder has a current contract.

6.1.2 Bidders who do not meet distance standards for each of the ~~Essential~~Critical Providers in all areas of the state must submit a detailed plan, including provider names and locations, of how the Bidder will ensure access to both ~~essential~~critical and specialty providers for all children enrolled in this program. Using Exhibit F, Network Narrative bidders must provide a detailed plan to separately address:

6.1.2.1 Deficiencies in the ~~Essential~~Critical Provider network;

6.1.2.2 Deficiencies in the Specialty Provider network;

6.1.2.3 The Bidder's plans to convert any use of nonparticipating providers to contracted status; and

6.1.2.4 Describe how this plan will support the MCO to operate within the contractually required access standards as stated in Exhibit D, Sample AHFC contract sections 6.7 and 6.9.

NOTE: Networks must be submitted using the forms that are located on the SFT site. Exhibit E, GeoCoding contains the instructions for submitting the network.

6.1.3 The Bidder must show that they meet distance standards for area hospitals described in Exhibit D, Sample AHFC Contract Subsection 6.9 when submitting its network documentation. Submit this information via the forms for GeoCoding located on the SFT site.

6.1.4 In addition to the ~~Essential~~Critical Providers, the Bidder must provide a network of specialists including those in the following list, including pediatric specialists where they are available. The Bidders network must provide reasonable statewide access to all program enrollees without unnecessary travel time or wait times for appointments: Allergists, Cardiologists, Oncologists, Ophthalmologists, Orthopedic Surgeons, General Surgery, Gastroenterologists,

Pulmonologists, Neurologists, Otolaryngologists, Obstetrics~~, Behavioral Health Providers~~ and Specialists in Physical Medicine, and Rehabilitation services. The Bidder will submit their network for these providers as part of the RFP provider network submission using the files located on the SFT site.

6.1.4.1 In areas or specialties where pediatric specialties are not available, describe how you will ensure enrollees have access to specialists, and how you will ensure access to pediatric specialists when available. Use Exhibit F, Network Narrative to provide a response to subsection 6.1.4.1.

6.1.5 Bidders must provide a copy of the signature page as documentation of agreements with hospitals providing services especially focused on the pediatric population served by this program, these hospitals are: University of Washington hospitals and Harborview Medical Center, Seattle Children's Hospital, Spokane's Providence Sacred Heart Medical Center and Children's Hospital, Mary Bridge Children's Hospital, and in Oregon: Doernbecher/Oregon Health Sciences University; and Randall Children's Hospital at Legacy Emanuel. Submit copies of signature pages with the Network DVD identified in Section 5.1 of this RFP.

6.2 (MS) Technical Proposal Specifications (Total Maximum - 1000 points)

Questions in the Technical Proposal are not weighted individually. Each question will be given a score of 0-10 by each evaluator, based on how well the response addressed the technical proposal elements described in this Section. Scores for each question in a section will be added together and the total points for the section will be multiplied by the factor for the section being scored. The Technical Proposal must not exceed 125 pages.

6.2.1 (MS) Approach/Methodology (150 points)

Provide a complete description of the Bidder's proposed approach and methodology for the Apple Health Foster Care (AHFC) managed care program. This ssection must convey the Bidder's understanding of the program's scope and what makes the population to be served by this program different from the children and youth served by the current Apple Health managed care contract. It must also provide a brief outline of how the Bidder will approach providing a program of well-coordinated health care services – including coordination of intensive mental health services provided through the RSN system - for this vulnerable population.

6.2.2 (MS) Implementation Plan and Timeline (100 points)

Provide an overview of the Bidder's proposed approach and methodology for developing a managed care program that attains the program objectives described in Section 2.2, Program Objectives. This overview must:

6.2.2.1 Convey the Bidder's understanding of the program's scope and the

population to be served;

6.2.2.2 Describe how the Bidder's program will attain the Program Objectives;

6.2.2.3 Take into account the specific needs and challenges of the population to be served by this program, including providing training to staff in issues and concerns specific to the population being served; and

6.2.2.4 Describe how the Bidder will work with community providers, health care specialists and SSS/Social Workers to provide well-coordinated health care services for this vulnerable population.

6.2.3 (MS) Technical Program Elements (800 points)

In addition to providing the benefits described in the attached Apple Health Foster Care contract, the bidder must provide a robust program of health care coordination services for program enrollees, and must have an outreach and communication program that provides information to providers, enrollees and their care givers, and state staff. The following technical program elements are those that a work group composed of subject matter experts from DSHS and HCA feel are essential to the success of Apple Health Foster Care:

- Outreach and Communication (subsection 6.2.3.1),
- Trauma Informed Care (subsection 6.2.3.2),
- Health Care Coordination (subsection 6.2.3.3),
- Coordination between Health Care Systems (subsection 6.2.3.4),
- ~~Behavioral~~ Mental Health Medication and Medication Management (subsection 6.2.3.5),
- Wraparound with Intensive Services (WISe) (subsection 6.2.3.6), and
- Fully Integrated Apple Health Foster Care Program (subsection 6.2.3.7).

6.2.3.1 **(MS) Outreach and Communication (150 points)**

The Apparent Successful Bidder (ASB) must have capacity to provide initial and ongoing stakeholder informational sessions for health care providers, care givers, state staff and other stakeholders. Informational sessions must be provided to stakeholders named above prior to program implementation and made available at least semi-annually after the program is implemented. Describe in detail:

6.2.3.1.1 The initial outreach and information that you will provide to stakeholders and providers about managed care in general, and the elements of this program specific to the population. How will you ensure that information provided to older youths and young adults who are eligible for services under this program and who may be managing their own health care services are understandable to them?

6.2.3.1.2 How information and technical assistance will be provided on an ongoing basis to new enrollees and their parents and caregivers, as well as new providers and other interested parties.

6.2.3.1.3 How you will ensure that the state staff, including CA SSS/Social Workers and Fostering Well Being (FWB) staff, including FWB Regional Medical Consultants, are involved in these informational training sessions so they understand the program and are aware of the information being given to their clients.

6.2.3.1.4 How will you engage foster children and former foster youth in the 18 through 26 year old age group to educate them about their ability to participate in this program and what benefits are available to them in managed care?

6.2.3.1.5 How often will you conduct the informational meetings described above? Provide examples of how you will evaluate the success of these meetings in presenting the necessary information. How often will you review and update your informational materials to ensure accuracy?

6.2.3.2 **Trauma Informed Care (~~150~~ 100 points)**

Ensuring that this population receives treatment that takes into account the principles of Trauma Informed Care (TIC) is essential to a successful program. Even children and their family members who do not bear the outward signs of trauma are affected by the trauma of the child being removed from their home. The fact that these children and youth are in foster care or have been adopted indicates some trauma in their lives. Poor health outcomes have been directly related to trauma experienced by a child.

6.2.3.2.1 What experience and training will you require to ensure your Health Care Coordination staff and contracted providers are competent in the principles of TIC and are able to utilize them when working with enrollees and caregivers?

6.2.3.2.2 How will you utilize principles of TIC to determine the impact of trauma on an enrollee and work with the enrollee's PCP to determine the best course of treatment to address its impact and the resulting conditions?

6.2.3.2.3 Describe in detail how you will coordinate with the enrollee's SSS/Social Worker caregivers, and mental health provider(s) to develop and provide interventions that will help develop resiliency in enrollees that have been exposed to trauma and adverse childhood experiences.

6.2.3.2.4 Describe in detail your plan to ensure providers and health care coordinators who do not have experience and training in this approach are informed about the principles of TIC prior to program implementation.

6.2.3.3 **Health Care Coordination (150/points)**

The case scenarios in Section 2.3 of this document describe children who are in the foster care system. Keeping those examples in mind, respond to the questions below. Do not respond for each child, rather, provide a general overview of how you would work with children who have special needs.

6.2.3.3.1 What is your approach to providing health care coordination and managing health care services when assessing and coordinating health care for AHFC enrollees? How will you solicit input from the enrollee's SSS/Social Worker in developing a health care treatment plan for the enrollee?

6.2.3.3.2 How will you engage the various parties responsible for the well-being of the child (youth, caregiver, family of origin, SSS/Social Worker and/or adoptive parent) about the child's ongoing health care needs?

6.2.3.3.3 How will you ensure timely access to specialty health care providers that should be seen in addition to those the child is already seeing, including mental health providers and coordination of services through the Regional Support Network/Behavioral Health Organization?

6.2.3.3.4 How will you share information about the child's health care and other needs that might affect the child's health status with the child's SSS/Social Worker? How would the information be shared?

6.2.3.3.5 How will you coordinate the specific Durable Medical Equipment (DME) needs of enrollees? How will you ensure a streamlined process so that enrollees do not have to wait for lengthy Prior Authorization and referral processes to take place?

6.2.3.3.6 How will you track and measure successful service delivery, including transitions of care, particularly the transition of mental health services for an enrollee who is ready to transition from the community mental health system (RSN/BHO) to the MCO for mental health services?

6.2.3.3.7 How will you address potential cultural and language barriers for both the child/youth and the caregiver/family of origin? How will you coordinate health care services when these barriers exist?

6.2.3.3.8 How will you assure culturally competent services are available to children/youth who are LGBTQQI (Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex)?

6.2.3.3.9 How will you ensure that enrollees' care givers are aware that Non-Emergency Medicaid Transportation (NEMT) is available to transport enrollees to medically necessary appointments? How will you assist care givers in making arrangements for transportation services to avoid delays in service delivery?

6.2.3.4 **Coordination between Health Care Systems (75 points)**

Coordination of services, both those covered by the AHFC program, and those provided via other health care systems, is crucial to the success of this program. Continuity and coordination of health care services is essential to the health and wellbeing of the children enrolled in AHFC.

6.2.3.4.1 Describe your screening process to determine which enrollees receive intensive health care coordination services, including those who are eligible for Health Homes? How will you ensure that enrollees who need health care coordination are able to access these services?

6.2.3.4.2 Describe how you will coordinate with DSHS SSS/Social Work staff, and FWB staff, including the FWB Regional Medical Consultants, to build relationships and ensure SSS/Social Workers and FWB staff know who to contact at

the MCO if there are questions about an enrollee's care coordination.

6.2.3.4.3 How will you ensure that enrollee healthcare information is available to Primary Care Providers, specialists, Behavioral Health Providers, SSS/Social Workers and other appropriate parties to the case (caregivers, family of origin, youth) who need the information to ensure the enrollee is receiving needed services and health care coordination?

6.2.3.4.4 Considering the legal circumstances of the population served by this program, describe how you will ensure contracted health care providers know what is and is not an allowable exchange of information in a HIPAA compliant organization, in order to preserve and support continuity of care.

6.2.3.4.5 How will you work with caregivers, SSS/Social Workers and health/mental health care providers to address issues around missed and cancelled appointments? At what point would you involve the enrollee's SSS/Social Worker to address concerns about missed appointments and follow-up care?

6.2.3.4.6 How will you identify caregivers and foster parents to whom HCA or DSHS has granted authority to discuss health and mental health concerns of children placed in their homes?

6.2.3.4.7 How will you ensure that the enrollee has timely access to his/her medications and that all of the enrollee's immediate healthcare needs are met following a change in placement? What processes for expedited authorization will you put in place to ensure immediate access to medications, supplies and services?

6.2.3.4.8 How will you work with other Apple Health MCOs to help children transitioning from the other MCO retain access to their providers, medications and supplies as they transition to AHFC?

6.2.3.4.9 How will you educate and support young adults who are transitioning from foster care to independence to ensure they have access to health care services as they move from the foster care system to independence?

6.2.3.5 ~~Behavioral Health~~ Mental Health **Medication and Medication Management (100 points)**

Coordination between the Contractor and the RSN/BHO system is required in the Apple Health Foster Care Contract. The questions below focus on enrollees with medication needs as well as the need for other mental health interventions, and how those needs will be balanced for vulnerable enrollees.

6.2.3.5.1 How will you ensure evaluation and screening of program enrollees within contracted timeframes to identify mental health conditions and substance use disorders? How will you coordinate with mental health providers to ensure the enrollee is not referred directly to the Regional Support Network/Behavioral Health Organization prior to evaluation of the enrollee's mental health needs by the Health Care Coordinator?

6.2.3.5.2 Describe your process for medication review and metabolic screening when an enrollee is prescribed a psychotropic medication? Who will be involved in this process at the provider and MCO level?

6.2.3.5.3 How will you coordinate with the enrollee, the mental health professional and the enrollee's caregivers and SSS/Social Worker prior to prescription of antipsychotic medications, to determine whether or not non-pharmacologic interventions - with or without other non-antipsychotic medications - are sufficient to address the enrollee's mental health condition?

6.2.3.5.3.1 How will you work with the enrollee's providers and SSS/Social Worker, if appropriate, to ensure enrollees are referred to evidence-based psychosocial treatments and interventions and that those alternative treatment options are utilized before, and/or in conjunction with prescribed psychotropic medications?

6.2.3.5.4 How will you coordinate with the enrollee's PCP, Behavioral Health Provider(s) and caregivers/family of origin to ensure that information about the enrollee's behavioral health needs is shared in an HIPAA appropriate manner, and that all parties are informed of changes in the enrollee's condition and/or medication/therapy needs?

6.2.3.5.5 In an effort to control costs, many managed care enrollees are switched to formulary or generic medications after enrollment rather than being maintained on non-formulary medications, meaning those medications that have been deemed the safest by a committee of pharmacists and physicians.

6.2.3.5.5.1 How will you ensure that enrollees who are on a nonformulary, brand name and/or other potentially costly medication do not have to engage in another trial of a formulary or generic medication after enrollment in managed care?

6.2.3.5.5.2 How will you ensure your customer service and utilization management staff and contracted providers, including pharmacists and your organization's Pharmacy Benefit Manager, are aware of this policy so that fulfillment of nonformulary prescriptions/refills are not denied or delayed?

6.2.3.5.5.3 How will you ensure enrollees and their caregivers are informed of their right to appeal a decision to not cover a nonformulary medication?

6.2.3.5.6 Children in foster care have a higher rate of being prescribed psychotropic medications as well as multiple psychotropic medications, than other populations. How will you ensure use of psychotropic medication is appropriate, especially for those enrollees under five (5) years of age?

6.2.3.5.6.1 How will you ensure enrollees are referred to evidence-based psychosocial treatments and interventions and that those EPBs are utilized before, and/or in conjunction with prescribed psychotropic medications?

6.2.3.5.6.2 How will you ensure ~~Behavioral Health~~ Mental Health Services are provided using Evidence Based Practices (EBPs) such as trauma focused Cognitive Behavioral Therapy (CBT) for children who are on psychotropic medications?

~~6.2.3.5.6.3 How will you coordinate with the enrollee, the mental health professional and the~~

~~enrollee's caregivers and SSS/Social Worker prior to prescription of antipsychotic medications whether or not non-pharmacologic interventions - with or without other non-antipsychotic medications - are sufficient to address the enrollee's mental health condition?~~

6.2.3.6 **Wraparound with Intensive Services (WISe) (100 points)**

WISe is a new program serving children and youth up to age 21 who have a mental illness or condition that substantially interferes with or substantially limits the ability to function in the family, school or community setting. WISe provides an individualized, intensive, coordinated, comprehensive and culturally competent array of services based on the child's needs and on the cross-system care plan developed by the Child and Family Team. Major components of WISe are Intensive Care Coordination, Intensive Services provided in home and community-based settings, and Mobile Crisis Intervention and Stabilization Services.

The goals of WISe are to provide integrated care in a way that ensures that the enrollee can be served in the most natural, least restrictive environment. The intended outcomes are individualized but usually include increased safety, stabilization and community integration to ensure that children, youth and families can live successfully in their homes and communities.

6.2.3.6.1 Describe how your organization will set up practices and procedures as agreed to in the *T.R. v. Quigley and Teeter* Children's Mental Health Lawsuit to meet all obligations consistent with the T.R. Settlement Agreement, T.R. Implementation Plan, TR Quality Management Plan, Wraparound with Intensive Services (WISe) Manual, and the Washington Children's Mental Health Principles to collaborate and coordinate delivery of care in order to improve the effectiveness of services, promote home and community-based mental health services and improved outcomes for mutually served children, youth, and their families.

6.2.3.6.2 How will your services align with the State of Washington's Systems of Care Initiative to better coordinate care for children with multi-system needs?

6.2.3.6.3 How will you ensure continuity of care is addressed and properly coordinated with behavioral health providers (mental health and substance use disorder) for children in

foster care who experience frequent placement changes which may include crossing of county jurisdictions?

6.2.3.6.4 How will you facilitate and promote communication between Health Care Coordinators, Community Mental Health Agencies, Substance Abuse Treatment providers, caregivers and SSS/Social Workers?

6.2.3.6.5 Describe the system and processes the Bidder will utilize to promote the transitions of enrollees from out of home placements back to the enrollee's home and community of residence with the caregivers/guardians in coordination with WISe supports.

6.2.3.7 **Fully Integrated Apple Health Foster Care Program (75 points)**

If legislation is passed that requires full integration of medical and behavioral health (mental health and substance use disorder) services, the Apparent Successful Bidder (ASB) must develop, implement and stabilize the program services described in this RFP AND develop a program, including contracts with appropriate behavioral health providers, that integrates medical, mental health and substance use disorder services. Please note that this section of the RFP is completely dependent on the actual language of a bill, if any, that the Legislature may enact.

Additionally, the ASB must have the ability to purchase WISe from State approved WISe providers paying the WISe case rate at equal or more as the state provides. The Bidder-purchased WISe and other services related to the *T.R. vs Quigley and Teeter* Settlement agreement must be ensure the services are provided in accordance with the fidelity of the model agreed to in the settlement.

Although the fully integrated program will not be implemented immediately upon award of the contract to the ASB, HCA and DSHS envision a well thought out planning, development and implementation phase. To address the addition of a fully integrated behavioral health benefit, please provide:

6.2.3.7.1 A brief overview of how you envision preparing for the inclusion of intensive mental health and substance use disorder services focused on serving this vulnerable population.

6.2.3.7.2 A timeline of activities that would need to take place between program implementation of the original contract, and implementation of a fully integrated managed care program. The timeline must include how you will:

6.2.3.7.2.1 Update your organization's behavioral health network to include substance use disorder providers, and mental health providers who provide intensive and inpatient mental health services;

6.2.3.7.2.2 Meet the needs of enrollees with intensive behavioral health needs, how you will ensure coverage across the state, and how you will ensure your provider network has the expertise to meet the needs of enrollees who have intensive behavioral health needs.

6.2.3.7.2.3 Educate your staff and contracted PCPs about the new, more intensive services and how you will coordinate care and access to these services;

6.2.3.7.2.4 Update policies and procedures, utilization management guidelines, etc to provide a fully integrated program.

6.2.3.7.2.5 Ensure all behavioral health data, such as Child and Adolescent Needs Assessments (CANs) that are required by the State and under the TR Settlement agreement is entered into the state's Behavioral Health Assessment System (BHAS) within the time frames required.

6.2.3.7.3 Provide a detailed plan of how you will ensure continuity of care for enrollees with co-occurring disorders, including how you will coordinate mental health and SUD services as well as WISe, CLIP and BRS.

6.2.3.7.4 Describe the outcomes you propose to measure the effectiveness and success of the fully integrated program?

6.3 (MS) Management Proposal Specifications (100 points)

6.3.1 Experience and Knowledge. The question will be given a score of 0-10 by each evaluator, based on how well the response addressed the management proposal described in Section. The Management Proposal must not exceed 10 pages.

6.3.1.1 Describe your organization's experience in providing similar programs to special populations with multiple chronic conditions.

6.4 (MS) Cost Proposal (300 points)

6.4.1 Cost Proposal Process Overview

6.4.1.1 Bidders that submit a Letter of Interest will be provided access to the Foster Care Medical Data Book Memorandum, Cost Proposal Template, Member Level Data file, Attachment A – Foster Care Cost Models, Attachment B – Risk Score Comparison, and Attachment C – Foster Child Member Month Summary.

6.4.1.2 Bidders are advised that their bids should be based on program design and requirements outlined in the RFP and Exhibit D, Sample AHFC Contract. Bids should not include any design or policy not addressed in the RFP and Sample Contract. The list below provides a few examples of items that should not be included in the bids:

- Patient Protection and Affordable Care Act (PPACA) insurer fees.
- Programmatic changes that have been proposed but not established by final rule and posted on HCA's website.
- Additional funds needed to pay the full encounter rate to FQHC/RHC providers. These amounts will be added to the final capitation rates as is done with the current Apple Health program.
- Supplemental "pass-through" items such as Safety Net Assessment Fund, (SNAF), Provider Access Payment (PAP), Trauma, or PCP enhancements to Medicare payment levels should not be included in the rate bids. If such items are necessary in the foster care program, the HCA will calculate and pay these as supplemental amounts outside of the capitation payments.

We have provided the portion of each claim attributed to SNAF to assist in the adjustment for SNAF removal. Costs models and claim data currently includes SNAF and will need to be removed.

For any significant change that occurs after contract award, HCA's actuary will calculate the impact on the rate ranges established for this bid and the awarded contractor will have its rates adjusted to reflect the impact relative to its awarded capitation payments.

6.4.2 Requirements for Submitting Cost Proposals

This Section outlines the submission of the Bidder's cost proposal.

6.4.2.1 **Cost Proposal Templates**

The Cost Proposal Template is a Microsoft Excel workbook that consists of multiple worksheet tabs. Bidders are required to submit their cost proposal in the prescribed template and submissions shall not deviate from the template provided. **Deviation from the prescribed format will result in the cost bid receiving zero points**.

The Cost Proposal Template is populated with CY2013 base period FFS experience. Bidders are required to use this template when submitting their cost proposal. Bidders shall adhere to the template format; otherwise the bid will be considered non-responsive and zero points will be awarded for their cost proposal. This template has been provided solely to facilitate completion of the cost proposal. It is the bidder's responsibility to review all Cost Proposal Template tabs, prior to submission, for reasonableness and validity of the amounts being submitted.

Bidders must develop and submit capitation bids for the programs and rate cohorts outlined in Attachment A, Foster Care Cost Models.

The following table describes each of the tabs in the Cost Proposal Template.

Tab Name	**Description of Input**
Instructions	Instructions for completing each field for the Medical Expense Input Cells; Other Expenses Input Cells; Medical Expense Offsets Input Cells; and Admin/Risk/Contingency Loading Input Cells
Cover Page	Includes plan information, contact information and certifications to be signed by a representative of the bidder and the actuary who prepared the bid.
Bid Summary	The bid summary is intended to be a summary of the bidder's total capitation bid by cohort. Note: In the event a discrepancy between the Cohort Templates and the bidder Summary, the PMPM in the Cohort Templates will be utilized in the scoring. Note that the "Cohort Population Weights" come from total Managed Care and FFS enrollment while "Base Period Member Months" cited in the individual rate cohort templates are based on the FFS members only.
Rating Cohort Tabs 001-007	Bidders shall input their bid information completely. Refer to the Instructions tab of the Cost Proposal Template for completion instructions for each field.

6.4.2.2 **Narrative**

Bidders shall provide written information about their cost proposal submission including methodology and assumptions on the workbook

tab “Narrative”. The narrative will not be scored but will be used to allow the Bidders an opportunity to explain their bid and for the HCA to better understand the Bidder’s cost proposal submission. Bidders shall use the narrative to describe how they arrived at their cost proposal by explaining the methodology, data and assumptions used to develop their cost bid. At a minimum the following information shall be provided:

- Adjustments for claims assumed to be incurred but not reported in the data.
- Changes in utilization from the underlying source data by category of service resulting from an assumed difference in the level of heath care management.
- Annual unit cost and utilization trend rates.
- Changes in utilization or unit costs resulting from the one-time shift from the State FFS program to the managed care plan network.
- Assumptions regarding changes in utilization or average unit cost for each change in contractual requirements. Only contractual requirements referenced in the RFP or Exhibit D, Sample AHFC Contract that impact rates should be included in this list.
- Justification for assumptions regarding administrative expenses.
- Confirmation that expected pharmacy rebates attributable to this population have been accounted for in the rate development, including a clear description of the anticipated amounts.
- Modifications to account for differences in risk between the FFS baseline population and the entire population, which includes those members already enrolled in managed care.

7 EVALUATION

The evaluation process is designed to award a Contract to the Bidder with the best combination of attributes based on the evaluation criteria, not necessarily to the lowest bid. However, Bidders are encouraged to submit Proposals which are consistent with State government efforts to conserve state resources.

Evaluations will be based only upon information provided in the Bidder’s Proposal. In those cases where it is unclear to what extent a requirement has been addressed, the RFP Coordinator may, at their discretion, contact the Bidder to clarify specific points in a response. Bidders should take every precaution to assure that all answers are clear,

complete and directly address the specific requirement. Proposals will be evaluated strictly in accordance with the requirements set forth in this RFP and any issued amendment.

7.1 Evaluation Procedures

Responsive Proposals will be evaluated strictly in accordance with the requirements stated in this RFP and any addenda issued. The evaluation of Proposals shall be accomplished by an evaluation team, to be designated by HCA, which will determine the ranking of the Proposals.

All Proposals received by the stated deadline will be reviewed by the RFP Coordinator to ensure that the Proposals contain all of the required information requested in the RFP. Only responsive Proposals that meet the requirements will be forwarded to the evaluation team for further review. Any bidder who does not meet the stated qualifications or any Proposal that does not contain all of the required information will be rejected as non-responsive.

Responsive Proposals will be reviewed and scored by Evaluation Teams using a point/weighted scoring system. Proposals will be evaluated strictly in accordance with the Requirements set forth in this RFP and any addenda that are issued.

The Bidder with the highest combined score (Network Adequacy, Technical, Cost and Management proposals) will be invited to begin contract negotiations.

7.2 Evaluation Scoring

The maximum number of evaluation points available is 1,500. The Mandatory Requirements are evaluated on a pass/fail basis. The following weighted points will be assigned to the Proposal for evaluation purposes.

Specific Criteria for RFP Evaluation:

Evaluation Criteria	**Maximum Weighted Points Possible**
RFP Compliance	N/A
Mandatory Management Review • Letter of Intent to Propose – Section ~~3.5~~3.6 • Letter of Submittal – Section 5.3	N/A
Network Adequacy – Section 6.1	100 points
Technical Proposal – Section 6.2	1000 points
Management Proposal – Section 6.3	100 points
Cost Proposal – Section 6.4	300 points
Total	**1,500 Points**

7.3 Pass/Fail Evaluations

The RFP Compliance and Mandatory Management Review sections of the Bidder's Proposal will be scored on a Pass/Fail basis. Proposals receiving a failing score from the RFP Compliance and Mandatory Management Review will be viewed as not meeting the minimum mandatory requirements and will be eliminated from further consideration. Only responses passing all Mandatory requirements will be further evaluated and moved forward to the Evaluation Team.

7.4 Mandatory Scored Requirements: Technical and Management Specifications

Responses that pass all Mandatory requirements will be further evaluated and scored. Network submissions will be evaluated by the HCA Network Administrator for compliance with distance standards. Technical and Management proposals will be evaluated and scored on each Mandatory Scored (MS) requirement based on how well the Bidder's response addresses the requirement.

For the Technical and Management sections of the RFP evaluators will assign scores on a scale of zero (0) to ten (10), where the end and midpoints are defined as follows:

Score	Description	Discussion
0	No value	Response is missing, totally inadequate or does not fully comply with the requirement
1-3	Poor	The Response has not fully established the capability to perform the requirement or has marginally described its ability.
4-6	Average	The Response shows an acceptable capability to meet the requirement and has shown sufficient detail to be considered as meeting the expectation stated in the requirement.
7-9	Good	The Response indicates an above-average capability to meet the requirement and has provided a complete description of the capability.
10	Excellent	The Response demonstrates far superior capability and clearly exceeds expectations.

7.5 Mandatory Scored Requirements: Network

7.5.1 Responsive Proposals will be reviewed for adherence to network access standards as follows:

7.5.1.1 Geographic Analysis is weighted 60% - each service area that is at or above 70% for the five ~~Essential~~Critical Provider types equals 1.53

points. Each service area for which an Interim Network Plan is needed receives 1 point;

7.5.1.2 Pediatric Specialty Center is weighted at 20% - each plan will be awarded 2.85 pts per contracted center for a total of 20 points for all 7 centers; and

7.5.1.3 The Interim Network Plan is weighted at 20% - plan must address each service area independently but will be graded as one plan.

7.5.1.3.1 Scoring is done based on the completeness and competence of the Plan based on the following criteria:

7.5.1.3.1.1 5 points: Shows how the MCO will address deficiencies in Essential Providers network.

7.5.1.3.1.2 5 points: Shows how the MCO will address deficiencies in Specialty Providers network.

7.5.1.3.1.3 5 points: Shows how the MCO will move from non-par to contracted network by service area.

7.5.1.3.1.4 5 points: Shows how the plan will support the MCO to operate within the contractually required access standards as cited in the AHFC contract sections 6.7 and 6.9.

7.5.2 Overall Network Score:

The Geographical Analysis is weighted at 60%.

The Pediatric Specialty Center network is weighted at 20%.

The Interim Network Plan is weighted at 20%.

Network submissions will be penalized 5 points for evidence of provider over reporting.

Network submissions will be penalized 5 points for incomplete network submission materials.

7.6 Mandatory Scored Requirements: Cost Proposal Scoring Methodology

This Section describes the cost proposal scoring methodology. Cost proposals will be scored using the projected statewide total payment rate computed by weighting the age/gender cohorts according to the membership figures provided by HCA in the Bid Summary tab of the Cost Proposal Template.

7.6.1 **Scoring**: The score for the cost proposal will be computed by dividing the lowest cost composite bid received by HCA by the Bidder's total cost composite bid as shown on the Bid Summary tab of the Cost Proposal Template. The resulting number will be multiplied by the maximum possible points for the cost proposal (300) to derive the Bidder specific cost point score. If the bidder's total cost is in excess of the upper end of the acceptable rate range as determined by the state's actuaries, zero points will be awarded. If the Apparent Successful Bidder's total cost is in excess of the upper end of the acceptable rate range determined by the state's actuaries, the rates will be set at HCA's sole discretion.

7.6.2 **Final Rates Paid**: The cost proposal submissions will be utilized to score and award points to Bidders. Cost submission points are one component of the overall available points outlined in this RFP. Cost bids represent the prospective monthly capitation payment for October 2015 through June 2017 that the HCA may pay the Apparent Successful Bidder.

If necessary, the HCA will enter into negotiations with the ASB to modify any cost proposal rates that fall outside the acceptable rate range as determined actuarially sound by the HCA and their actuaries. The Washington State Health Care Authority will propose a budget neutral method for bringing bids that fall outside the rate ranges into the rate ranges. This may result in increases and decreases to cohorts to bring each cohort within the acceptable rate ranges and to maintain a bidders original aggregate bid, therefore the cost proposals submitted may not reflect the final payment amounts on a cohort specific basis.

The rates bid in this procurement may change, at the discretion of HCA, prior to implementation due to a variety of factors currently unknown, which could include the following:

- CMS feedback
- Payments expected to function as pass-through items
- Modifications to the benefit package or administrative expectations
- Other material items that may impact the rate ranges

The final rate ranges will not be made available to bidders during the procurement process or after the contracts are awarded.

7.7 Final Score and Selection of Apparently Successful Bidder(s)

The RFP Coordinator will compute the Bidder's Final Score. Technical and Management Section Scores will be the average of the Section Scores from all evaluators.

Final Score = Network Adequacy Score +Technical Score (averaged) + Management Score (averaged) + Cost Proposal Score.

7.8 Substantially Equilvalent Scores

If two or more Proposals receive equivalent scores, HCA may, at its sole discretion, select as apparently successful the Bidder whose Proposal is in HCA's best interest. Equivalent scores are scores separated by two (2.0) or less points.

HCA's best interest will be defined by HCA managers and communicated to Bidders with equivalent scores in writing.

7.9 Contract Readiness Review and Site Visit

Before HCA awards a final contract resulting from this RFP, the ASB must pass the Readiness Review. During the Readiness Review, HCA will review the Bidder's readiness to begin providing services as of October 1, 2015. The review will be to determine whether the Bidder can meet the requirements of the AHFC Contract and this RFP. HCA will determine the Bidder's readiness for each contract area described in this subsection on a pass/fail basis. If HCA determines that the Bidder will not be ready to begin services as of October 1, 2015, then HCA may, in its sole discretion, either (1) require corrective action by the ASB before a Contract is executed; (2) select another Bidder as the Apparent Successful Bidder; or (3) decide to not award any contract at all.

Managed Care requirements to be included in the readiness review:

- Provider Selection/Credentialing
- Sub-contractual Relationships and Delegation
- Coverage and Authorization
- Enrollee Rights
- Enrollment and Disenrollment
- Coordination and Continuity of Care
- Performance Measurement
- Performance (quality) Improvement Projects (PIPs)

7.10 Contract Award

HCA shall award a contract to the Bidder, who, in the sole opinion of HCA, best meets the requirements set forth in the RFP. HCA may decide, at its sole discretion, not to award any contract whatsoever as a result of this RFP. The Bidder with the highest overall score, who has met or exceeded network requirements, will be awarded the contract, contingent upon the ASB's successful passing of the readiness review. All Bidders will be notified of the selection of an ASB, and will be further notified of the results of the onsite readiness review.

7.11 Notification of Unsuccessful Bidders

Bidders, whose Proposals have not been selected will be notified via email.

7.12 Debriefing of Unsuccessful Bidders

Bidders who submitted a Proposal and were not selected will be given the opportunity for a debriefing conference. The RFP Coordinator must receive the request for a debriefing conference within three (3) business days after the notification of unsuccessful Bidder email is sent. The debriefing shall be held within three (3) business days of the request.

Discussion will be limited to a critique of the requesting Bidder's Proposal including the factors considered in the evaluation of the requesting Bidder's Proposal and Bidder's performance with regard to the solicitation requirements. Comparisons between Proposals or evaluations of the other Proposals will not be allowed. Debriefing conferences may be conducted via telephone and will be scheduled for a maximum of thirty (30) minutes.

8 RESOLUTION OF PROTESTS

8.1 Protests

Bidders protesting this procurement must follow the steps described in sections 8.1 – 8.5 below. Protests that do not follow these steps will not be considered by HCA. This protest procedure constitutes the sole administrative remedy available to Bidder under this procurement.

HCA shall not accept any protest before the announcement of the Apparently Successful Bidder. This procedure is available only to Bidders who submitted a response to this RFP document and who have participated in a debriefing conference. HCA must receive a protest within five (5) business days of the debriefing.

8.2 Procurement Records Disclosure

A Bidder may request copies of solicitation and evaluation documents or may inspect solicitation and evaluation documents in order to make a decision about the efficacy of making a protest. Such a request must be in writing and sent to the RFP Coordinator. HCA will respond as follows within five (5) Business Days of receipt of the request.

8.2.1 The requested documents will either be sent to or made available to the requesting Bidder, except for any portions of the documents that have been identified as Proprietary Information. HCA will follow the process set forth in Section 4.10 Proprietary Information/Public Disclosure before disclosing any portions of Proposals that have been identified as Proprietary Information.

8.2.2 If more time is needed, HCA will inform the requestor of the date the requested documents will be available.

8.3 Grounds for Protest

A protest may be made based on these grounds only:

- A matter of bias, discrimination, or conflict of interest on the part of an evaluator;
- Errors in computing the scores; or
- Non-compliance with procedures established in this RFP document` or HCA protest process or DES requirements.

Protests not based on these grounds will not be considered. Protests will be rejected as without merit if they address issues such as: 1) An evaluator's professional judgment on the quality of a proposal, or 2) HCA's assessment of its own needs or requirements.

8.4 Protest Form and Content

A Protest must state all of the facts and arguments upon which the Protest is based, and the grounds for the Protest. It must be in writing and signed by a person authorized to bind the Bidder to a contractual relationship. At a minimum, the Protest must include:

- The name of the protesting Bidder, mailing address and phone number, and the name of the individual responsible for submission of the Protest;
- The RFP number and title;
- A detailed and complete statement of the specific action(s) by HCA under protest;
- The grounds for the Protest;
- Description of the relief or corrective action requested.

Bidders may attach to their Protest any documentation they have to offer in support.

8.5 Submitting a Protest

Protests must be in writing, must be signed by the Bidder and must be received by the HCA Contract Administrator at the address below within five (5) Business Days after the debriefing conference. Protests may be submitted by email.

All protests shall be emailed to the HCA Contract Administrator, as follows:

> Email: contracts@hca.wa.gov
> The subject Line must contain the RFX Title and RFX number. Example: RFP#12-123, Save the Children

Upon HCA's receipt of a protest, a review and investigation will be conducted by a neutral party that had no involvement in the evaluation and award process. The reviewer will conduct an objective review of the Protest, based on the contents of the written Protest, the RFP and any amendments, the Proposals, all documents showing evaluation and scoring of the Proposals, and any other pertinent information, and issue a decision within ten (10) Business Days of receipt of the protest, unless additional time is needed. If additional time is needed, the protesting Bidder will be notified of the delay.
In the event a protest may affect the interest of another Bidder that submitted a Proposal, such Bidder will be given an opportunity to submit its views and any relevant information on the protest to the Contract Administrator.

HCA will make a final determination of the protest and will:

- Find the protest lacking in merit and uphold HCA's action.

- Find only technical or harmless errors in HCA's acquisition process and determine HCA to be in substantial compliance and reject the protest.
- Find merit in the protest and provide HCA options which may include:
    - that HCA correct the errors and re-evaluate all Proposals
    - that HCA reissue the RFP document and begin a new process
    - other courses of action as appropriate

If the reviewer determines that the protest is without merit, HCA will enter into a contract with the Apparently Successful Bidder if HCA determines that such a contract is in its best interests, as described throughout the RFP. If the protest is determined to have merit, one of the alternatives noted in the preceding paragraph will be taken.

EXHIBIT E, Revision 1
5/29/15
GeoCoding RFP Bidders Instructions

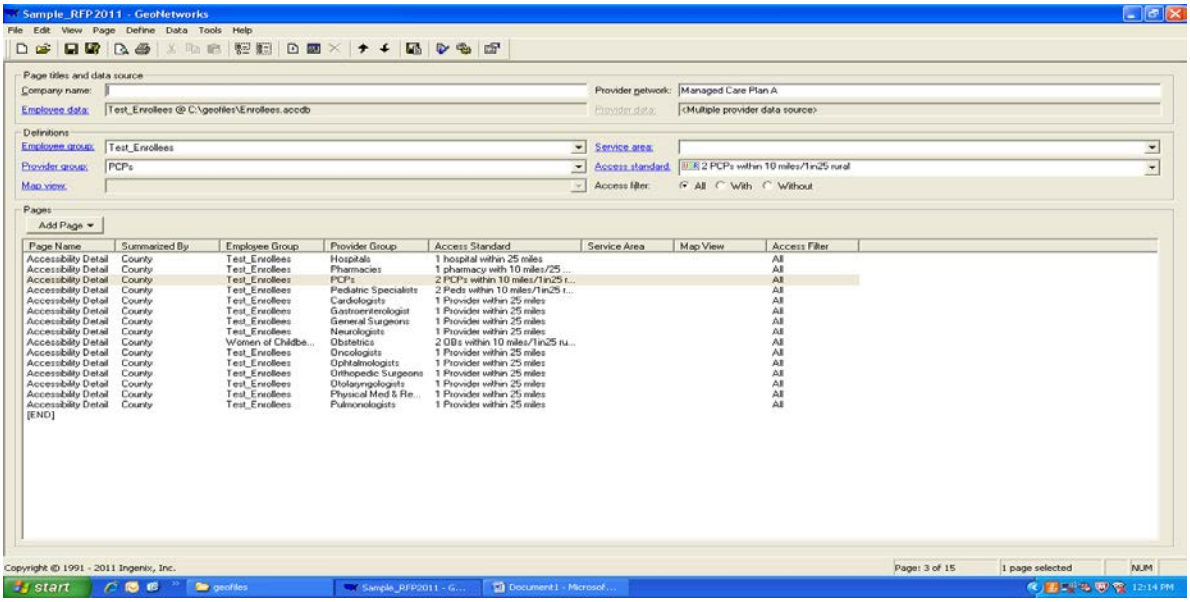
NOTE: An email separate from the RFP documents will be sent to potential bidders with the secure file transfer (SFT) link and the password to access the files to perform the tasks below.

The goal of this activity is to produce a set of Excel tables describing the Bidder's provider network and the proportion of the potential Apple Health Foster Care (FC) enrollees who meet given geographic standards, in a standard format, for comparison purposes. First, the bidder will prepare a set of tables describing their provider network of hospitals, pharmacies, primary care providers, specialists, Allergists, Speech Therapists (SPT), Occupational Therapists (OT), Physical Therapists (PT), and Behavioral Health (Providers.xls). The bidder will calculate the GeoNetwork reports using the standard report format (RFP2015_A.rpt), save the page output in standard Excel files (Pagecalculations.xlsx) and save the pages themselves as Bitmap Images. **Naming the documents appropriately is very crucial to this process. The reports will not be generated if you do not save the files with these naming conventions.** The Bidder will return, to the Health Care Authority, the GeoNetwork report that generated the responses, the Excel file of the bidders' network, the Excel file of the page calculations, the images of the pages, and a written explanation of irregularities in either the data or network analysis output.

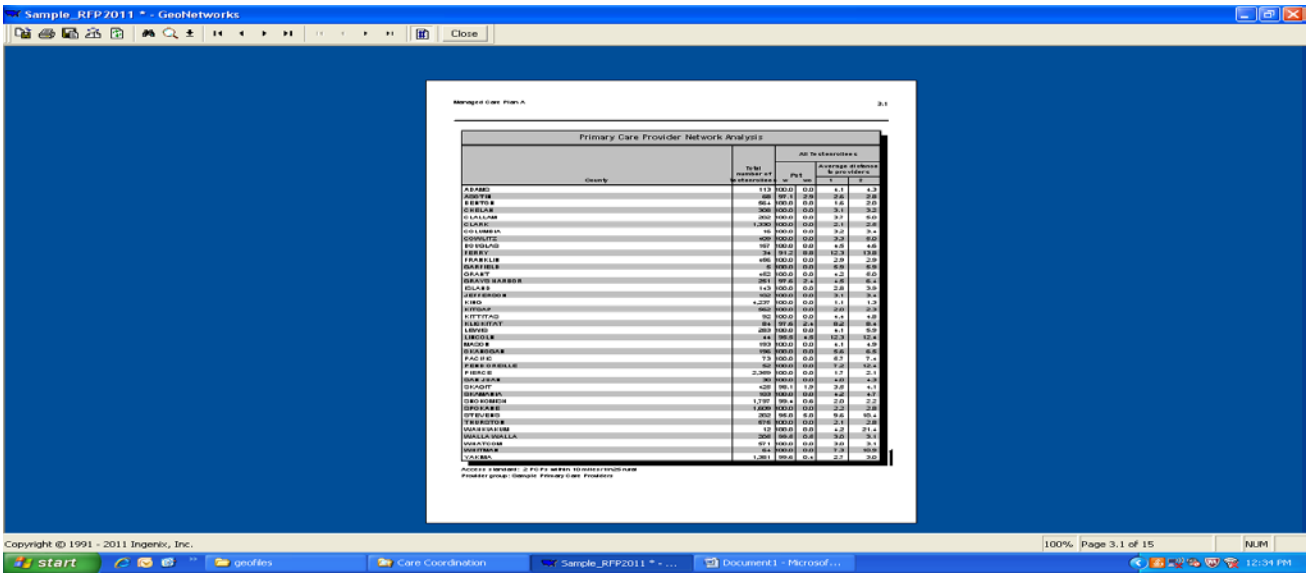
Note: The instructions assume use of GeoCoder version 4.0 or higher, GeoNetworks Release 4 2011, Microsoft Office Access 2007, and Microsoft Office Excel 2010. It assumes the GeoNetwork software is loaded on your C: drive, and the user is familiar with generating GeoNetworks reports. It is advised to view the Sample files first. If you have questions, please send them to contracts@hca.wa.gov.

Load and Test Sample Reports

1. Copy the folder "geofiles" to your c drive. Under C:\geofiles, the files are:
   - **Sample_Providers.xlsx** – An Excel workbook that contains an example of the required provider datasets: Hospital, Pharmacy, Primary Care Providers and Specialists (see Final File format description on page 3). This sample file is for illustration purposes only. (sample does not include Behavioral Health, Nursing Facility, Allergists, Speech, Occupational, and Physical Therapy providers as we are just now collecting that data)
   - **Enrollees.accdb** – A Microsoft Office Access 2007 file which contains two datasets:
     - **Enrollees** – A file of 1,013,667 Health Care Authority (HCA) enrollees with the following fields: ID, Zip, OB (indicating the person is a woman of childbearing years 14-45), Longitude, Latitude, RTNCODE (indicating that the longitude and latitude are not address-based, but representative of the zip code), STD_CITY, STN_COUNTY, and STD_STATE. This is the file you will use for your final report.
   - **Sample_Pagecalculations.xlsx** – Illustrates how the final output should look, based on the test data used for **RFP2015_A.rpt**
   - **RFP2015_A.rpt** – The final GeoNetwork report format to be used with the full enrollee data and the bidder's provider file.
   - **Providers.xlsx** – A template for the bidder's provider file
   - **Pagecalculations.xlsx** – A template for the bidder's output file.
2. Open **RFP2015_A.rpt**. The Pages list will have the report specifications for all required reports.



To replicate the **Sample_Pagecalculations**, hit the “Calculate” button (1) above. The report will run as it was programmed, based on **Enrollees** and the **Sample_Provider** file. To save the page calculation, highlight one page at a time, press the “Save Page Calculation” button (2) and save to the appropriately named sheet in the **Sample_Pagecalculations Excel workbook**. To save the page images, highlight one page at a time and hit the “Print Preview” button (3) which will take you to the screen below. To replicate the Bitmap Images, hit the “Page Capture” button (4) and save with the appropriate name.



3. At this point, you may run any or all reports using the test enrollees and test provider files in**RFP2015_A.rpt**. Any reports you generate should duplicate the sample bitmap image pages and **Sample_Pagecalculations**.

Create and Self-Audit Bidder's Provider Files

1. Create files describing selected provider types in the format below. See **Sample_Providers.xlsx** as an example.
2. Audit your provider files to assure accuracy.
    - The intent is for a provider to be listed only for those locations where they see HCA enrollees at least one day a week (no greater than 5 locations and for PCP capacity, no greater than a combined panel size for all locations combined); for a provider to be listed with only one Primary Specialty and one Secondary Specialty if there is one; for all providers to have either a signed contract with the Bidder or letter of intent; and for the Bidder to know the provider's capacity for total HCA enrollees. **Records that show Providers that are listed in more than 5 locations and PCP's that have a combined panel size over 1200 will be rejected by the system. In all provider type sheets other than the PCPs, bidders MUST use 9999999 exactly in each provider's capacity field**.
    - HCA reserves the right to audit the Bidder's submitted provider network. HCA reserves the right to deem the output "unresponsive" if there is evidence that the bidder duplicated providers at the same address, for locations where they are not currently practicing, or other irregularities.
3. Enter your internal provider information into the **Providers.xlsx** which is located in the C:\geofiles directory. Be sure to put the provider information in the appropriate sheet. Such as hospitals go in the Hospital sheet. The final reports will not be generated if you rename the tabs in the **Providers.xlsx** workbook.
4. Open GeoCoder. Under "Data" select "Assign Geocodes" from the task list. Locate your **Provider.xlsx** document and click "open", then select a sheet of your provider file and click "open". Select the Address based method and click "ok". This will automatically add LONGITUDE, LATITUDE, and RTNCODE to the selected provider sheet. You will need to do this for *each sheet* of your provider workbook.

Final File formats:

Hospital Provider File (Sheet 1, Providers_BidderName.xls)

Hospital Field Name	Description / Valid Values
HealthCarrier	Enter the name of the bidder.
Type	Hospital
Hospital Unique Identifier	A unique value
BusinessName	Enter the name of the hospital. Acute care hospitals only.
Address	Enter the street address where the hospital is physically located.
City	Enter the full name of the city in which the hospital is physically located.
State	Enter the 2 character abbreviation of the state where the hospital is physically located. WA, ID or OR values
County	Enter the County that in which the hospital is physically located
Zip	Enter the postal ZIP code in which the hospital is physically located
ContractStatus	Values: C= Contracted
Contact	Enter name of hospital staff person who can confirm contract status
Phone	Enter daytime phone number for hospital contact.
CAPACITY	9999999
LONGITUDE	To be calculated using GeoCoder 4.0 or higher
LATITUDE	To be calculated using GeoCoder 4.0 or higher
RTNCODE	To be calculated using GeoCoder 4.0 or higher
ZIP4	To be calculated using GeoCoder 4.0 or higher
CHGCODE	To be calculated using GeoCoder 4.0 or higher
ZIP TYPE	To be calculated using GeoCoder 4.0 or higher
Accepting new FC (Foster Care)	Y for Yes, N for no

Pharmacy Provider File (Sheet 2, Providers_BidderName.xls)

Pharmacy Field Name	Description / Valid Values
HealthCarrier	Enter the name of the bidder.
Type	Pharmacy
PlanID	A unique value for each pharmacy name/location
BusinessName	Enter the name of the pharmacy.
Address	Enter the street address where the pharmacy is physically located.
City	Enter the full name of the city in which the pharmacy is physically located.
State	Enter the 2 character abbreviation of the state where the pharmacy is physically located. WA, ID or OR values
County	Enter the County that in which the pharmacy is physically located
Zip	Enter the postal ZIP code in which the pharmacy is physically located
ContractStatus	Values: C= Contracted
Contact	Enter name of pharmacy staff person who can confirm contract status
Phone	Enter daytime phone number for pharmacy contact.
CAPACITY	9999999
LONGITUDE	To be calculated using GeoCoder 4.0 or higher
LATITUDE	To be calculated using GeoCoder 4.0 or higher
RTNCODE	To be calculated using GeoCoder 4.0 or higher
ZIP4	To be calculated using GeoCoder 4.0 or higher
CHGCODE	To be calculated using GeoCoder 4.0 or higher
ZIP TYPE	To be calculated using GeoCoder 4.0 or higher
Accepting New FC (Foster Care)	Y for Yes, N for no

Primary Care Provider File (Sheet 3, Providers_BidderName.xls)

Primary Care Provider Field Name	Description / Valid Values
HealthCarrier	Enter the name of the bidder
Type	PCP
PlanID	A unique value for each practitioner/location combination
NPI	A single unique value for each practitioner
Title	Valid Values: MD, DO, ARNP, PA
LastName	Enter the practitioner's full legal last name. Note: a clinic is not a practitioner and will not be accepted
FirstName	Enter the practitioner's full legal first name.
MiddleInitial	Enter the practitioner's middle initial. Leave field blank if provider does not have a middle initial.
PrimarySpecialty	For values, see Sample_Providers.xls; sheet "Specialty Types"
SecondarySpecialty	For values, see Sample_Providers.xls; sheet "Specialty Types"
PedCare	Is the practitioner serving as a PCP for children age <19? Y or N values
Locations	Enter number of duplications of same practitioner in dataset. Duplications accepted only for different office locations. No more than 5 locations for a single provider.
BusinessName	Enter the business name of the office/clinic
Address	Enter the street address of the office/clinic
City	Enter the full name of the city in which the office/clinic is physically located.
State	Enter the 2 character abbreviation of the state where the office is physically located. WA, ID or OR values
County	Enter the County in which the office is physically located
Zip	Enter the postal ZIP code in which the office is physically located
ContractStatus	Values: C= Contracted
Contact	Enter name of practitioner staff person who can confirm contract status
Phone	Enter daytime phone number for practitioner contact.
CAPACITY	Not to exceed 1200 for any one practitioner. The total capacity for the practitioner from all locations must not exceed 1200. No more than 5 locations for a single provider.
LONGITUDE	To be calculated using GeoCoder 4.0 or higher
LATITUDE	To be calculated using GeoCoder 4.0 or higher
RTNCODE	To be calculated using GeoCoder 4.0 or higher
ZIP4	To be calculated using GeoCoder 4.0 or higher
CHGCODE	To be calculated using GeoCoder 4.0 or higher
ZIP TYPE	To be calculated using GeoCoder 4.0 or higher
Accepting New FC (Foster Care)	Y for Yes, N for no

Specialist Provider File (Sheet 4, Providers_BidderName.xls)

Specialist Provider Field Name	Description / Valid Values
HealthCarrier	Enter the name of the bidder
Type	Specialist
PlanID	A unique value for each practitioner/location combination
NPI	A single unique value for each practitioner.
Title	Valid Values: MD, DO, ARNP, PA
LastName	Enter the practitioner's full legal last name. Note: a clinic is not a practitioner
FirstName	Enter the practitioner's full legal first name.
MiddleInitial	Enter the practitioner's middle initial. Leave field blank if provider does not have a middle initial.
PrimarySpecialty	For values, see Sample_Providers.xls; sheet "Specialty Types"
SecondarySpecialty	For values, see Sample_Providers.xls; sheet "Specialty Types"
Obstetric Care	Is the practitioner providing birthing services? Y
Pediatrician	Y for yes, Does this provider provide pediatric care within this specialty
Cardiologist	Y
Oncologist	Y
Ophthalmologist	Y
Orthopedic Surgeon	Y
General Surgeon	Y
Gastroenterologist	Y
Pulmonologist	Y
Otolaryngologist	Y
Physical Medicine and Rehabilitation	Y
Neurologist	Y
Locations	Enter number of duplications of same practitioner in dataset. Duplications accepted only for different office locations. No more than 5 locations for a single provider.
BusinessName	Enter the business name of the office/clinic
Address	Enter the street address of the office/clinic
City	Enter the full name of the city in which the office/clinic is physically located.
State	Enter the 2 character abbreviation of the state where the office is physically located. WA, ID or OR values
County	Enter the County in which the office is physically located
Zip	Enter the postal ZIP code in which the office is physically located
ContractStatus	Values: C= Contracted
Contact	Enter name of practitioner staff person who can confirm contract status
Phone	Enter daytime phone number for practitioner contact.
CAPACITY	9999999
LONGITUDE	To be calculated using GeoCoder 4.0 or higher
LATITUDE	To be calculated using GeoCoder 4.0 or higher
RTNCODE	To be calculated using GeoCoder 4.0 or higher
ZIP4	To be calculated using GeoCoder 4.0 or higher
CHGCODE	To be calculated using GeoCoder 4.0 or higher
ZIP TYPE	To be calculated using GeoCoder 4.0 or higher
Accepting New FC (Foster Care)	Y for Yes, N for no

Allergist Provider File (Sheet 5, Providers_BidderName.xls)

Allergist Provider Field Name	Description / Valid Values
HealthCarrier	Enter the name of the bidder
Type	~~PCP~~Allergist
PlanID	A unique value for each practitioner/location combination
NPI	A single unique value for each practitioner
Title	Valid Values: MD, DO, ARNP, PA
LastName	Enter the practitioner's full legal last name. Note: a clinic is not a practitioner and will not be accepted
FirstName	Enter the practitioner's full legal first name.
MiddleInitial	Enter the practitioner's middle initial. Leave field blank if provider does not have a middle initial.
PrimarySpecialty	For values, see Sample_Providers.xls; sheet "Specialty Types"
SecondarySpecialty	For values, see Sample_Providers.xls; sheet "Specialty Types"
PedCare	Is the practitioner serving as a PCP for children age <19? Y or N values
Locations	Enter number of duplications of same practitioner in dataset. Duplications accepted only for different office locations. No more than 5 locations for a single provider.
BusinessName	Enter the business name of the office/clinic
Address	Enter the street address of the office/clinic
City	Enter the full name of the city in which the office/clinic is physically located.
State	Enter the 2 character abbreviation of the state where the office is physically located. WA, ID or OR values
County	Enter the County in which the office is physically located
Zip	Enter the postal ZIP code in which the office is physically located
ContractStatus	Values: C= Contracted
Contact	Enter name of practitioner staff person who can confirm contract status
Phone	Enter daytime phone number for practitioner contact.
CAPACITY	9999999
LONGITUDE	To be calculated using GeoCoder 4.0 or higher
LATITUDE	To be calculated using GeoCoder 4.0 or higher
RTNCODE	To be calculated using GeoCoder 4.0 or higher
ZIP4	To be calculated using GeoCoder 4.0 or higher
CHGCODE	To be calculated using GeoCoder 4.0 or higher
ZIP TYPE	To be calculated using GeoCoder 4.0 or higher
Accepting New FC (Foster Care)	Y for Yes, N for no

Speech Therapy Provider (SPT) File (Sheet 6, Providers_BidderName.xls)

Speech Therapy Provider Field Name	Description / Valid Values
HealthCarrier	Enter the name of the bidder
Type	~~PCP~~STP
PlanID	A unique value for each practitioner/location combination
NPI	A single unique value for each practitioner
Title	~~Valid Values: MD, DO, ARNP, PA~~Populate with Title Abbreviations appropriate to provider type
LastName	Enter the practitioner's full legal last name. Note: a clinic is not a practitioner and will not be accepted
FirstName	Enter the practitioner's full legal first name.
MiddleInitial	Enter the practitioner's middle initial. Leave field blank if provider does not have a middle initial.
PrimarySpecialty	For values, see Sample_Providers.xls; sheet "Specialty Types"
SecondarySpecialty	For values, see Sample_Providers.xls; sheet "Specialty Types"
PedCare	Is the practitioner serving as a PCP for children age <19? Y or N values
Locations	Enter number of duplications of same practitioner in dataset. Duplications accepted only for different office locations. No more than 5 locations for a single provider.
BusinessName	Enter the business name of the office/clinic
Address	Enter the street address of the office/clinic
City	Enter the full name of the city in which the office/clinic is physically located.
State	Enter the 2 character abbreviation of the state where the office is physically located. WA, ID or OR values
County	Enter the County in which the office is physically located
Zip	Enter the postal ZIP code in which the office is physically located
ContractStatus	Values: C= Contracted
Contact	Enter name of practitioner staff person who can confirm contract status
Phone	Enter daytime phone number for practitioner contact.
CAPACITY	9999999
LONGITUDE	To be calculated using GeoCoder 4.0 or higher
LATITUDE	To be calculated using GeoCoder 4.0 or higher
RTNCODE	To be calculated using GeoCoder 4.0 or higher
ZIP4	To be calculated using GeoCoder 4.0 or higher
CHGCODE	To be calculated using GeoCoder 4.0 or higher
ZIP TYPE	To be calculated using GeoCoder 4.0 or higher
Accepting New FC (Foster Care)	Y for Yes, N for no

Occupational Therapy (OT) Provider File (Sheet 7, Providers_BidderName.xls)

Occupational Therapy Provider Field Name	Description / Valid Values
HealthCarrier	Enter the name of the bidder
Type	~~PCP~~OT
PlanID	A unique value for each practitioner/location combination
NPI	A single unique value for each practitioner
Title	~~Valid Values: MD, DO, ARNP, PA~~Populate with Title Abbreviations appropriate to provider type
LastName	Enter the practitioner's full legal last name. Note: a clinic is not a practitioner and will not be accepted
FirstName	Enter the practitioner's full legal first name.
MiddleInitial	Enter the practitioner's middle initial. Leave field blank if provider does not have a middle initial.
PrimarySpecialty	For values, see Sample_Providers.xls; sheet "Specialty Types"
SecondarySpecialty	For values, see Sample_Providers.xls; sheet "Specialty Types"
PedCare	Is the practitioner serving as a PCP for children age <19? Y or N values
Locations	Enter number of duplications of same practitioner in dataset. Duplications accepted only for different office locations. No more than 5 locations for a single provider.
BusinessName	Enter the business name of the office/clinic
Address	Enter the street address of the office/clinic
City	Enter the full name of the city in which the office/clinic is physically located.
State	Enter the 2 character abbreviation of the state where the office is physically located. WA, ID or OR values
County	Enter the County in which the office is physically located
Zip	Enter the postal ZIP code in which the office is physically located
ContractStatus	Values: C= Contracted
Contact	Enter name of practitioner staff person who can confirm contract status
Phone	Enter daytime phone number for practitioner contact.
CAPACITY	9999999
LONGITUDE	To be calculated using GeoCoder 4.0 or higher
LATITUDE	To be calculated using GeoCoder 4.0 or higher
RTNCODE	To be calculated using GeoCoder 4.0 or higher
ZIP4	To be calculated using GeoCoder 4.0 or higher
CHGCODE	To be calculated using GeoCoder 4.0 or higher
ZIP TYPE	To be calculated using GeoCoder 4.0 or higher
Accepting New FC (Foster Care)	Y for Yes, N for no

Physical Therapy (PT) Provider File (Sheet 8, Providers_BidderName.xls)

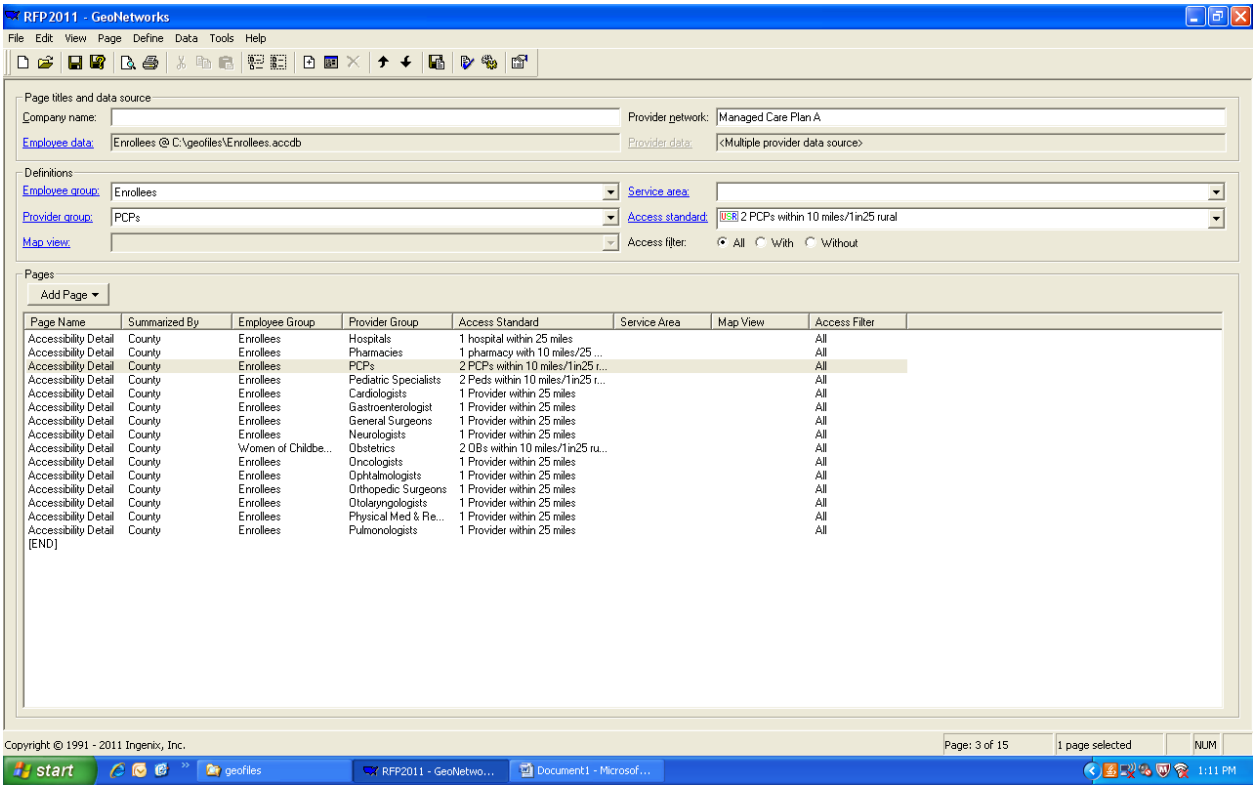
Physical Therapy Provider Field Name	Description / Valid Values
HealthCarrier	Enter the name of the bidder
Type	~~PCP~~PT
PlanID	A unique value for each practitioner/location combination
NPI	A single unique value for each practitioner
Title	~~Valid Values: MD, DO, ARNP, PA~~Populate with Title Abbreviations appropriate to provider type
LastName	Enter the practitioner's full legal last name. Note: a clinic is not a practitioner and will not be accepted
FirstName	Enter the practitioner's full legal first name.
MiddleInitial	Enter the practitioner's middle initial. Leave field blank if provider does not have a middle initial.
PrimarySpecialty	For values, see Sample_Providers.xls; sheet "Specialty Types"
SecondarySpecialty	For values, see Sample_Providers.xls; sheet "Specialty Types"
PedCare	Is the practitioner serving as a PCP for children age <19? Y or N values
Locations	Enter number of duplications of same practitioner in dataset. Duplications accepted only for different office locations. No more than 5 locations for a single provider.
BusinessName	Enter the business name of the office/clinic
Address	Enter the street address of the office/clinic
City	Enter the full name of the city in which the office/clinic is physically located.
State	Enter the 2 character abbreviation of the state where the office is physically located. WA, ID or OR values
County	Enter the County in which the office is physically located
Zip	Enter the postal ZIP code in which the office is physically located
ContractStatus	Values: C= Contracted
Contact	Enter name of practitioner staff person who can confirm contract status
Phone	Enter daytime phone number for practitioner contact.
CAPACITY	9999999.
LONGITUDE	To be calculated using GeoCoder 4.0 or higher
LATITUDE	To be calculated using GeoCoder 4.0 or higher
RTNCODE	To be calculated using GeoCoder 4.0 or higher
ZIP4	To be calculated using GeoCoder 4.0 or higher
CHGCODE	To be calculated using GeoCoder 4.0 or higher
ZIP TYPE	To be calculated using GeoCoder 4.0 or higher
Accepting New FC (Foster Care)	Y for Yes, N for no

Behavioral Health Provider File (Sheet 9, Providers_BidderName.xls)

Behavioral Health Provider Field Name	Description / Valid Values
HealthCarrier	Enter the name of the bidder
Type	Behavioral Health
PlanID	A unique value for each practitioner/location combination
NPI	A single unique value for each practitioner
License Type	Valid Values: use only exact values listed on License Type List sheet 7 of Providers.xlsx
LastName	Enter the practitioner's full legal last name. Note: a clinic is not a practitioner and will not be accepted
FirstName	Enter the practitioner's full legal first name.
MiddleInitial	Enter the practitioner's middle initial. Leave field blank if provider does not have a middle initial.
Specialty Type	Valid Values: use only exact values listed on Specialty Type List sheet 8 of Providers.xlsx
PedCare	Is the practitioner serving as a PCP for children age <19? Y or N values
RSN Affiliate	Y for Yes, N for no
Locations	Enter number of duplications of same practitioner in dataset. Duplications accepted only for different office locations. No more than 5 locations for a single provider.
BusinessName	Enter the business name of the office/clinic
Address	Enter the street address of the office/clinic
City	Enter the full name of the city in which the office/clinic is physically located.
State	Enter the 2 character abbreviation of the state where the office is physically located. WA, ID or OR values
County	Enter the County in which the office is physically located
Zip	Enter the postal ZIP code in which the office is physically located
ContractStatus	Values: C= Contracted
Contact	Enter name of practitioner staff person who can confirm contract status
Phone	Enter daytime phone number for practitioner contact.
CAPACITY	9999999
LONGITUDE	To be calculated using GeoCoder 4.0 or higher
LATITUDE	To be calculated using GeoCoder 4.0 or higher
RTNCODE	To be calculated using GeoCoder 4.0 or higher
ZIP4	To be calculated using GeoCoder 4.0 or higher
CHGCODE	To be calculated using GeoCoder 4.0 or higher
ZIP TYPE	To be calculated using GeoCoder 4.0 or higher
Accepting New FC (Foster Care)	Y for Yes, N for no

Run and Save GeoNetwork Reports

1. Be sure your provider file is loaded on your C:drive. Open **RFP2015_A.rpt**.



2. In the upper right hand corner, replace “Managed Care Plan A” with the name of the bidder. The report is already set up with the appropriate access standards, employee groups and provider types.
3. To create **Pagecalculations.xlsx** hit the “Calculate” button. To save the page calculation, highlight one page at a time, press the “Save Page Calculation” button and save to the appropriately named sheet in the **Pagecalculations.xlsx** workbook. Let run and when finished click “close”. To save the page images & create Bitmap files, highlight one page at a time, hit the “Print Preview” button. Then hit the “Page Capture” button and save with the appropriate name.

Analyze Your Network

The bidder is expected to know and be responsive to questions on the output of the report. It will likely be necessary to run the GeoNetwork reports at the city level in order to fully understand the geographical distribution of the facilities and specialties the bidder is proposing.

Geographic Network Analysis RFP Submission

Submit the following material electronically:

1. Network analysis written report. Include attestation statement that the provider file was structured as instructed: name, position, email address and phone number of staff fielding network reporting questions. Provider files will be checked for quality before GeoNetwork reports are considered. Describe any irregularities or imbalances by county in your network analysis of results.
2. The GeoNetwork report used to create the output (**RFP2015_A.rpt**).
3. The bidder’s provider file (**Providers.xlsx**)

4. The completed **Pagecalculations.xlsx**
5. Bitmap images of each page. Pages will be titled with the bidder's name if properly completed.
6. Submit the above materials using a CD with your RFP submission. Label the CD "Network." **See Section 5.1, Submission of Proposal in the RFP for specifics on how to submit the documents**.

RFP #15-002 – Request for Proposal
Apple Health Foster Child
Questions and Answers
Amendment #3
May 29, 2015

The following questions were received on May 14, 2015. In Amendment #2, the majority of the questions were answered. Amendment #3 provides responses and/or data that wasn't available during the release of Amendment #2. **The revised questions are: Question 2; Question 4; Question 18; Question 30; Question 95; Question 97; and Question 108.**

PLEASE NOTE: The proposal submission deadline has been **extended to July 6, 2015**.

NOTE: Questions and answers will be posted on the agency web site. **Only Bidders that submitted a Letter of Intent before the May 14, 2015 deadline are eligible to submit a response on July 6, 2015**. As a reminder, the only one authorized to communicate to potential bidders on the RFP is Cyndi Presnell, other communications may be grounds for disqualification.

Question #	Document Reference (RFP/DataBook, Exhibit, etc.)	Section or Subject Matter #/Title	Page # or Location	Question	Response
1	Data Book			Which fee schedules are included in Cost Model Line P66 Outpatient Psych? Are there services outside of the fee schedule that have been included in P66 Outpatient Psych?	The mapping to P66 is based on internal Milliman HCPCS mapping. Bidders may determine which services are included in the line by using the detailed claim information provided in the data book.
2	Data Book		Secure File Transfer	Can HCA please clarify if ABA initial evaluation data is part of the actuarial data?	We found limited ABA treatment in the historical data. Since this benefit has been a covered benefit since SFY14 additional data is now available. This data will be summarized and provided as a supplemental exhibit and released in RFP, Amendment #3. Amended response 5-29-15. See attached document titled "Amendment 3 – QnA – Q2-Q18-Q30 - 20150529" for the data.
3	Data Book		Secure File Transfer	Could HCA please clarify if weight loss surgery is included in actuarial data?	Bariatric surgery was a covered service in FFS during the period used for the data book and this service was not excluded from the cost model development.
4	Data Book		Secure File Transfer	Please provide Attachment A for Calendar 2012 and Calendar Year 2011. Given that Bidders are	We are checking into this. If the older data is found to be relevant and complete, we will provide it.

Question #	Document Reference (RFP/DataBook, Exhibit, etc.)	Section or Subject Matter #/Title	Page # or Location	Question	Response
				expected to apply 30 months of trend and be held to a rate for two years (CY 2015 and CY 2016), it is impossible using actuarially sound methods to develop appropriate trends based on one year worth of claims experience (CY 2013).	Amended response 5-29-15. Milliman does not have additional historical claims to provide as requested. We reviewed the summaries that the state retains for use in their per caps trend model which includes monthly membership and costs by service category by month. We found that the category that includes the foster care population also includes other populations that have very different costs and therefore that would not be a good indicator of historical costs or trend.
5	Data Book		Secure File Transfer	Since the Bidders are required to bid a 24 month rate, will HCA adjust rates if the experience in the contract period does not support the projected rates?	No
6	Data Book		Secure File Transfer	Since the Bidders are required to bid a 24 month rate, will HCA be open to reviewing the emerging experience after six months to determine if a rate adjustment is needed?	No
7	Data Book		Secure File Transfer	How will the Geographic factors be calculated?	There are no geographic factors. This is a statewide bid that will be awarded to one health plan.
8	Data Book		Secure File Transfer	When will the Geographic factors be released?	There are no geographic factors. This is a statewide bid that will be awarded to one health plan.
9	Data Book		Secure File Transfer	Which counties are in each Geographic area?	There are no geographic factors. This is a statewide bid that will be awarded to one health plan.
10	Data Book		Secure File Transfer	Medically Intensive Children's Program (MICP) is an expensive group of members. In the Member Level Data document there is an indicator for MICP but all members are marked with N. Is this correct? Are there any members who are part of MICP?	MICP members have been excluded as they are not to be enrolled in this program.
11	Data Book		Secure File Transfer	Are all the expenses that are intended to be the financial responsibility of the successful bidder	No. Section 6.4, subsection 6.4.1.2 of the RFP lists specific costs not included in Attachment A.

Question #	Document Reference (RFP/DataBook, Exhibit, etc.)	Section or Subject Matter #/Title	Page # or Location	Question	Response
				captured within Attachment A?	
12	Data Book		Secure File Transfer	Are there expenditures associated with AHFC that have been paid outside of the claim system? If so, please provide a summary by population.	There are no expenditures that are part of the bidders responsibility that are paid outside of the claim system. There will be additional expenses as describped in Section 2.4 Future Events or Other Preogrammatic Chages of the Rate Scoring and Cost Proposal Instructions document.
13	Data Book		Secure File Transfer	Are there expenditures in Attachment A that should NOT have managed care savings applied? For example, expenditures from the retro period of a member.	No. The costs included in Attachment A are all subject to management as the retroactive periods have been removed. In addition, the managed care data for the foster care population has not been included which would have already be subject to management.
14	Data Book		Secure File Transfer	If there are expenditures in Attachment A that should NOT have managed care savings applied, how where these accounted for in the Rate Range development?	Management factors are applied to the FFS population and blended with the managed care data which does not have management factors applied in the development of the rate ranges.
15	Data Book		Secure File Transfer	Please provide the Projected Membership for Calendar Year 2015 and Calendar Year 2016 by population and Eligibility Groups as detailed in 4.2 of the Sample Contract.	HCA uses the Public Assistance Caseload Forecast provided by the Washington State Caseload Forecast Council. http://www.cfc.wa.gov/default.htm
16	Data Book		Secure File Transfer	Since there is no ability to manage the utilization on Behavioral Drugs, please explain how these were handled in the Rate Range development?	No, the state will not provide rate ranges or the methodology for their development.
17	Data Book		Secure File Transfer	We are not able to map the member-level data provided with the data book to rate cells consistently due to the lack of precision on the date of birth field (the day is always set to the first of the month). Please provide revised data with either the full date of birth or with the corresponding rate cell appended to each record.	We have previously updated the membership tab of the data book to include age band information.
18	Data Book		Secure File Transfer	Please provide any data available related to the current managed care population that is intended to be part of the AHFC program. For example	See the response to question #30 – We will provide aggregate managed care experience data for

<table>
<tr><th>Question #</th><th>Document Reference (RFP/DataBook, Exhibit, etc.)</th><th>Section or Subject Matter #/Title</th><th>Page # or Location</th><th>Question</th><th>Response</th></tr>
<tr><td></td><td></td><td></td><td></td><td>Calendar Year 2013 paid claims by service category or in total by population.</td><td>CY2013

Amended response 5-29-15. See attached document titled “Amendment 3 – QnA – Q2-Q18-Q30 - 20150529” for the data.</td></tr>
<tr><td>19</td><td>Data Book</td><td></td><td></td><td>Did HCA remove the first 60 days of claims for adoption support members from the data? If so why? Is there an expected delay in enrollment into AHFC?</td><td>The below grid provides additional information on the timing of enrollment in relation to foster care placement and eligibility determination.

Foster Care Enrollment typical timeline
<table>
<tr><th></th><th>Month 1</th><th>Month 2</th><th>Month 3</th></tr>
<tr><td>New Client</td><td>Placement in Foster Care</td><td>Medicaid Eligibility Determination</td><td>Managed Care Enrollment</td></tr>
<tr><td>Newborn- Mom not on Medicaid</td><td>Birth/ Placement in FC</td><td>Medicaid Eligibility Determination</td><td>Managed Care Enrollment</td></tr>
<tr><td>Newborn- Mom on Medicaid</td><td>Birth/ Placement in FC</td><td>21 Days After Birth</td><td>Managed Care Enrollment</td></tr>
</table>
Eligibility for Medicaid is retroactive to placement 20or birth once determination has been made.</td></tr>
<tr><td>20</td><td>Data Book</td><td>Attachment A - Cost Model Summary</td><td>Secure File Transfer</td><td>Could the State or Milliman provide more detail on the significance of the "High Risk MMs" noted on each cost model tab?</td><td>The "High Risk MMs” are the number of member months associated with a PRISM risk score of 1.5 or greater as computed by the State.</td></tr>
</table>

<table>
<tr><th>Question #</th><th>Document Reference (RFP/DataBook, Exhibit, etc.)</th><th>Section or Subject Matter #/Title</th><th>Page # or Location</th><th>Question</th><th>Response</th></tr>
<tr><td>21</td><td>Data Book</td><td>Attachment B - Risk Score Comparison</td><td>Secure File Transfer</td><td>Can the State or Milliman provide a break out the 21,784 members by category of Children and Youth in Foster Care, Adoption Support and Foster Care Alumni for the tables provided in Attachment B?</td><td>Since the program will have a single risk pool and base rate, this is not necessary.</td></tr>
<tr><td>22</td><td>Data Book</td><td>Cost_Proposal_Template_-_WHA_Foster_Care_(No_MICP)_20150330</td><td>Secure File Transfer</td><td>Given that this is a new program within the managed care environment, would the HCA consider a rate adjustment within the initial 21 month contract period rather than a fixed 21-month rate?</td><td>No.</td></tr>
<tr><td>23</td><td>Data Book</td><td>Cost_Proposal_Template_-_WHA_Foster_Care_(No_MICP)_20150330</td><td>Secure File Transfer</td><td>What are the applicable "Premium Tax" and "Other Taxes and Fees" that should be included in the rate development (e.g. premium tax, WSHIP Assessment, etc.)? The “Instructions” tab in the Cost Proposal Template did not include instructions or guidance on these items.</td><td>The premiums received by the ASB will be subject to the Washington State premium tax and WSHIP assessments. Each bidder is responsible for including their costs for these assessments in the Taxes and Fee section of the cost proposal template. Do not include income related taxes or ACA fees.</td></tr>
<tr><td>24</td><td>Data Book</td><td>Foster Care Medical Bidder Data Book Memorandum 20140904.pdf</td><td>Secure File Transfer</td><td>On Page 2 of the “Foster Care Medical Bidder Data Book Memorandum 20140904.pdf”, it states that “…excluded all member months for members in their first two months of eligibility. It is our understanding that the state does not intend to move Foster Care kids into managed care until their third month of eligibility.” Please provide the section in the Sample Contract associated with this assumption regarding the enrollment. Is this true for all catagories of AHFC members?</td><td>The below grid provides additional information on the timing of enrollment in relation to foster care placement and eligibility determination.

Foster Care Enrollment typical timeline<table><tr><td></td><td>Month 1</td><td>Month 2</td><td>Month 3</td></tr><tr><td>New Client</td><td>Placement in Foster Care</td><td>Medicaid Eligibility Determination</td><td>Managed Care Enrollment</td></tr><tr><td>Newborn - Mom not on Medicaid</td><td>Birth/ Placement in FC</td><td>Medicaid Eligibility Determination</td><td>Managed Care Enrollment</td></tr></table></td></tr>
</table>

Question #	Document Reference (RFP/DataBook, Exhibit, etc.)	Section or Subject Matter #/Title	Page # or Location	Question	Response
					<table><tr><td>Newborn - Mom on Medicaid</td><td>Birth/ Placement in FC</td><td>21 Days After Birth</td><td>Managed Care Enrollment</td></tr></table> Eligibility for Medicaid is retroactive to placement or birth once determination has been made.
25	**Data Book**	Member Level Data	Secure File Transfer	Rebates are not enumerated. What has been the historic rebate level PMPM?	The Rx rebates in the cost template refer to MCO expected rebates.
26	**Data Book**	Member Level Data	Secure File Transfer	Since the first contract period is bid developed, how will renewals be developed, particularly to include when full Behavioral Health services are integrated as expected beginning October 1, 2018 per Substitute House Bill 1879?	HCA would expect to have rates discussions as part of the process to fully integrate behavioral health services into the AHFC program.
27	Data Book	Member_Level_Data_(No_MICP)_20140904	Secure File Transfer	Can the state provide RAC detail with the member databook file "Member_Level_Data_(No_MICP)_20140904.xls"?	No.
28	Data Book	**Narrative**	1	Milliman states that they have made any adjustments to the data they felt necessary, but did not include any discussion about program changes during CY2013 or subsequently, which could affect covered services or the unit cost of those services. Additionally, the Milliman memorandum is dated 9/4/2014, and therefore Milliman would not have the opportunity to opine on whether changes to the program after that date would require adjustments to the data in the data book. Could the State provide a summary of program changes implemented since 1/1/2013, and a summary of those planned to be implemented prior to 10/1/2015? Could the State request that Milliman	We have adjusted for the following in managed care rates since CY 2013: • Removal of SNAF from claim data. (data provided for this adjustment) • Inclusion of Bariatric Surgery, Hearing Aids and RSN drugs (all included in the data book). • Naturopath as an approved PCP ($0.01 PMPM adjustment for the TANF/SCHIP children). • Screening Brief Intervention, Referral and Treatment Project (SBIRT). The TANF/SCHIP adjustment was $0.02 PMPM. • Hepatitis C Drugs – these will be carved out of the contract.

Question #	Document Reference (RFP/DataBook, Exhibit, etc.)	Section or Subject Matter #/Title	Page # or Location	Question	Response

				review any of the changes occurring after 6/30/2014, and any planned to occur before 10/1/2015 and opine as to whether those changes would require a change to the data book?	• Carve out Hemophilia Drugs, which are already removed.
					• Shingles Vaccine – not applicable to this population.
					• Provider Access Payment – not applicable to this population.
					• ARNP fee schedule change – no longer applicable.
					• Trauma enhancement – not applicable to this population.
					• Hospital Fee schedule Changes.
					  o Effective July 1, 2014 qualifying hospitals receive a Quality Incentive Payment implemented as a 1% increase in rates for inpatient hospital services.
					  o Effective January 1, 2015 qualifying Sole Community Hospitals receive a 25% increase in their rates for hospital services
					• ABA Services
					• Austism Screening.

29	Data Book	Narrative	2	Since bidders will be required to estimate the incurred but not paid claims in developing their bid, can the State provide an overview of any claim payment issues by category of service, which may have impact claim payment lags or payment accuracy from 1/1/2013 to 6/30/2014?	We are not aware of any claims payment issues. That data should be complete or nearly complete.
30	Data Book	Narrative	3	Could the State or Milliman provide the PMPM cost of individuals enrolled in managed care plans during CY2013, based upon the encounter submissions of the MCOs?	See the response to question #18 – We will provide aggregate managed care experience data for CY2013. Amended response 5-29-15. See attached document titled "Amendment 3 – QnA – Q2-Q18-Q30 - 20150529" for the data.
31	Exhibit D, Sample Contract	Section 14.2.4		Section 14.2.4 EPSDT of the contract states "To assess identified Individuals with Special Health	If the child is receiving services through the fee for service system, the MCO is not responsible for provision of the

Question #	Document Reference (RFP/DataBook, Exhibit, etc.)	Section or Subject Matter #/Title	Page # or Location	Question	Response
				Care Needs who are not eligible for Health Home services and who are under 21 years of age, the Contractor shall ensure that each enrollee receives an Early and Periodic Screening, Diagnosis, and Treatment examination within thirty (30) calendar days of the enrollee's entrance into out-of-home care in order to identify special needs, or when the IHS indicates the need for intensive health care coordination. The EPSDT shall determine ongoing need for health care coordination services and the need for clinical and non-clinical services, including referrals to specialists and community resources. " Can HCA clarify the contractor's responsibilities to meet this requirement if the enrollee is still enrolled in fee-for-service and are not yet enrolled in AHFC per the Effective Date of Enrollment process and timelines outlined in Section 4.7 of the contract?	EPSDT. We would expect the MCO to meet the timeframes outlined in the contract for those enrollees who ARE enrolled in time to meet the standards.
32	Exhibit D, Sample Contract	Section 14.4		14.4 Coordination with Regional Support Networks/Behavioral Health Organizations We fully support the operation agreement requirement between the contractor and the RSN. What role does HCA expect to play in supporting accountability of the RSNs to the contractor?	HCA and DSHS have collaborated in the development of this program; and will continue to do so as the program is implemented and becomes operational. Unless the MCO expects to subcontract with the RSNs, we would expect the MCO and RSNs to work collaboratively to provide the best possible care to their mutual enrollees. If the MCO subcontracts with the Community Mental Health Agencies and other mental health providers, HCA and DSHS would expect the MCO to monitor these providers as they are currently monitored, to ensure timely, high quality services.
33	Exhibit D, Sample Contract	Section 16.5.8		Under Section 16.5.8 of the contract it states, "Initial Clinical Evaluation by a Center of Excellence for children with a diagnosis of autism spectrum disorder for evaluation of the	Yes, the Contractor will be responsible for payment of the initial clinical evaluation at at COE for children with a diagnosis of autism spectrum disorder.

Question #	Document Reference (RFP/DataBook, Exhibit, etc.)	Section or Subject Matter #/Title	Page # or Location	Question	Response
				appropriateness of Applied Behavioral Analysis (ABA) as part of the child's plan of care. ABA treatment services are provided under separate contract with the HCA; however, the Contractor remains responsible for health care coordination activities for children receiving ABA services." It is clear that we are not responsible to pay for the ABA treatment services, please clarify if the contractor will be responsible for payment for the initial clinical evaluation by a center of Excellence?	It should also be noted that when responsibility for provision of the ABA services is incorporated into the AHMC contract, it will also be incorporated into the AHFC contract with the appropriate rate adjustment.
34	Exhibit D, Sample Contract	Section 16.7.4.1		Section 16.7.4.1 Inpatient services at Certified Public Expenditure (CPE) hospitals has been struck from the AHFC contract. Can HCA provide additional clarity on the reason this has been struck from the AHFC contract?	CPE is only applicable to AHBD.
35	Exhibit D, Sample Contract	Section 5.8		5.8 Low Birth Weight Baby Case Payment (LBW-BCP) is completely struck and not amended with new language. Can HCA explain why this has been struck from the contract? What happens for low birth weight baby case payment?	Low birth weight payments are made on the baby, not the mom. If a birth occurs to a FC mother and the baby is eligible, they will be enrolled in AH Family and a LBW payment would be made if they have qualifying encounters.
36	Exhibit D, Sample Contract	Section 6.9		6.9 Provider Network - Distance Standards – speech therapist was struck from the contract. Can HCA confirm that this was the state's intention to have no distance standards for speech therapists?	HCA will Geo code speech therapists at the standard specialty distance of 1 in 25 miles in order to establish a baseline for measurement of network adequacy.
37	Exhibit D, Sample Contract	Section 7.5		7.5 NCQA Accreditation has been completely struck from the contract. Can HCA please provide clarification on why the NCQA accreditation requirement has been removed for the AHFC	We will put the requirement for NCQA certification back into the AHFC contract; however, because the pool of potential bidders for this RFP is composed of Apple Health Managed Care-contracted MCOs, and the requirement for NCQA certification

Question #	Document Reference (RFP/DataBook, Exhibit, etc.)	Section or Subject Matter #/Title	Page # or Location	Question	Response
				program since this is a requirement for the Apple Health program?	is in that contract, bidders should already be moving towards certification.
38	Exhibit E, GeoCoding RFP Bidders Instructions	The 3rd paragraph of the 1st page of Exhibit E	1	The instructions assume use of GeoCoder version 4.0, GeoNetworks Release 4 2011. We use the most current version of GeoCoder - 4.2, and GeoNetworks Release 2, 2014. We do not have the ability to use any prior versions of GeoNetworks Release 4 . Does the State mean that Release 4 is simply the minimum version that can be used?	Version 4.2 of GeoNetworks will work.
39	**General Question**			Can HCA confirm the intent of this RFP is for the MCO to take a more active role in evaluating the care being delivered by both contracted medical providers and non-contracted behavioral health providers (i.e. BHO providers)?	The intent of this RFP is to provide a program of well coordinated health care services for foster children and children in adoption support. Evaluation of provider performance is part of the project in the same respect it would be for any other managed care program.
40	**General Question**			If a foster child is Blind/Disabled, would they be covered under Apple Health Foster Care or Apple Health Blind Disabled?	Yes, foster children who become eligible for SSI will remain in AHFC if they retain one of the foster care RAC codes listed in the data book.
41	**General Question**			How many children currently in foster care meet RSN criteria for mental health services?	See attachment titled “Response to Question #41.”
42	**General Question**			834 file questions: • Will HCA add the foster care guardian into the file? • Will HCA add the name of the social worker/case worker into the file? • Will HCA add in the foster care subprogram for the member in the file (e.g. Extended Foster Care, Foster Care Alumni, Foster	First please note that the term “guardian” is a specific legal term and that children in guardianships are not included in this program. Foster parents are referred to as ”caregivers” throughout the AHFC documents. • No, the foster child is considered the Head of Household in ProviderOne. A report that provides information about the foster parent is currently being finalized. • No.

Question #	Document Reference (RFP/DataBook, Exhibit, etc.)	Section or Subject Matter #/Title	Page # or Location	Question	Response
				Care and Adoption Support)?	• No.
43	**General Question**			If the contract is effective October 1, 2015, when will the MCO begin receiving new members? Will membership be phased in?	We anticipate at least a two month period between contract award and program implementation. Enrollment will not be phased in.
44	**General Question**			What type of member claims data will the HCA provide from other MCOs and FFS for new members entering the Foster Care program for purposes of continuity of care and care coordination stratification?	The Milliman data book provides fee for service claims data to the Foster Care Contractor, but the Apparent Successful Bidder will need to coordinate with previous MCOs to determine what services have been provided by the previous MCO. The Apple Health contract addresses coordination and continuity of care for Apple Health members moving to the new Foster Care MCO. The MCO will also have access to information in the PRISM system.
45	**General Question**			Is HCA expecting/budgeting to achieve financial savings from this RFP? If so, from what base, and how much savings/year for the first 3-5 years of the RFP?	The expected annual savings is $1.0 million total funds.
46	**General Question**			Is Children's Administration, DSHS, or any other State department or foster-care related line item outside of the HCA expecting/budgeting to achieve financial savings from this RFP?	No.
47	**General Question**			Will there be an opportunity to integrate carved-out services for the foster care population after the first 1-2 years (e.g. – dental, inpatient psych, CD, etc.)?	The expectation is that the full mental health and substance use disorder benefit will be carved into the program by October of 2018. No other additional services have been discussed at this time.
48	**General Question**			What enhanced information can MCOs expect to receive from HCA/DSHS when each child is enrolled?	DSHS anticipates being able to share information from the Child Health and Education Tracking (CHET) screen with the MCO's health care coordination staff. In addition, child demographic information should be available along with claims data and information through PRISM.

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49	**General Question**			How will HCA help the MCO identify kids who need services in the first 90 days?	DSHS anticipates being able to share information from the Child Health and Education Tracking (CHET) screen with the MCO's health care coordination staff. Coordination between MCO health care coordination staff and the enrollee's social worker will also be vital. When necessary, the MCO care coordinator could participate in the CHET Shared Planning Meeting which occurs 30 to 45 days after placement.
50	**General Question**			For the training components, is the expectation that training will be offered face-to-face or can we consider other forms of delivering training?	The expectation is that at least some of the training should be presented face-to-face. Bidders should present their ideas for communication and outreach in their proposals.
51	General Question			Can HCA please further define Behavior Health Organization?	Behavioral Health Organizations, or "BHOs" will be implemented in April, 2016. They will be managed care organizations that provide Mental Health services in the same manager as the current Regional Support Networks (RSN), but will also provide Substance Use Disorder services in a managed care setting. They will be Risk bearing organizations that combine the local administration and purchase of mental health and chemical dependency under managed care • Behavioral Health Organizations (BHOs), required by SB 6312 that passed in 2014 and will go into effect in 2016. • One BHO will purchase and administer behavioral health services in each Regional Service Area (RSA) • A single, local entity maintains the responsibility and risk for substance use disorder treatment and all of the mental health services previously overseen by the RSNs (inpatient, outpatient, ITA, and crisis services, jail proviso services and services funded by the federal block grants) • DBHR will begin the contracting process for BHOs in 2015, for services starting in April 2016.
52	General Question			Can HCA please provide the list of all fee for service providers currently serving this population	Children's Administration has contracted providers for counseling and other mental health related services. A list of

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				in an Excel spreadsheet (NPI number, contact information, location information, specialty)?	those contracted providers will be available once an apparently successful bidder is identified. See attached document titled “Response to Question #52” for data that was provided last summer for a similar question.
53	General Question			If a member is no longer eligible for AHFC but is eligible for TANF or CHIP please confirm that the member will be reconnected to the successful bidders AH program.	Members who change eligibility will be reconnected to their previous MCO in the same manner that reconnects are done currently.
54	General Question			Can HCA please provide the anticipated average amount of months/years a member will be with the MCO in AHFC?	See attached document titled “Response to Question #54.”
55	General Question			Would HCA consider allowing EPSDT and Initial Visit with PCP to be the same appointment?	Our concern is that the ESPDT will not be as comprehensive if the provider is not familiar with the child. The Initial Health Screen is designed to be a quick overview of general systems and identify any obvious signs of illness or disease that should be addressed before the 30 day appointment. i.e. scabies, lice, bronchitis, etc. If the MCO has an idea for ensuring the completeness of the EPSDT earlier in the child’s stay in foster care, we are open to that.
56	General Question			Could HCA please clarify how the plan will be informed if a member is in the WISe Program?	The State expects the ASB to have Memorandums of Understanding with the RSNs that include data sharing requirements to allow for ease in sharing data and client information. Additionally, DSHS/DBHR anticipates the ASB will need access to the Behavioral Health Assessment System (BHAS) which tracks information regarding WISe screening and the Child and Adolescent Needs and Strengths (CANS) assessment for individual children/youth enrolled in WISe. DBHR staff will work to ensure access to BHAS for the ASB after contract award.

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57	General Question			Will the Fostering Well Being unit remain the lead care coordinator for only medically fragile children?	Yes FWB will continue to provide care coordination for medically fragile children. Medically fragile children are not included in the mandatory population for AHFC.
58	General Question			How long will children remain eligible for AHFC after returning home or getting adopted into a home that does not receive adoption support?	They will remain eligible until their RAC code changes, normally about 30 to 60 days.
59	General Question			Can HCA please clarify, If a child has or acquires SSI status will they stay in AHFC?	Yes, foster children who become eligible for SSI will remain in AHFC if they retain one of the foster care RAC codes listed in the data book
60	General Question			Can HCA please confirm that if a foster care member becomes pregnant they remain in AHFC?	Yes.
61	General Question			Will children who are receiving adoption support through age 18 qualify for alumni of foster care after 18 and be able to stay in the program through age 26?	Adoption Support youth are not eliglble for Foster Care Alumni (extended foster care) program. Some adoption support youth may be enrolled in the adoption support program till age 21. Children who are adopted (at any age) are no longer considered foster children.
62	General Question			Please confirm that the state will notify the plan of placement changes within 24 hours?	We are working on this. CA recognizes the importance of rapid access to this information and its connection to the success of the program..
63	General Question			Could HCA please explain when and why foster care children would move from Apple Health Foster Care to FFS?	The criteria for ending enrollment in Apple Health Foster Care will be the same as that for ending enrollment in Apple Health Managed Care – medical necessity will be reviewed on a case by case basis by HCA.
64	General Question			Would the state consider changing eligibility to begin as soon as a child enters state custody? This would allow the MCO to ensure the child has access to necessary care at the time that they are the most vulnerable.	Medicaid eligibility begins at the time the child enters state custody; however, ProviderOne does not currently have the ability to provide same day or expedited enrollment, although we are exploring that option.
65	General Question			What, if any, is DSHS' role in governance of this contract?	Although the contract resides with HCA, DSHS and HCA have worked closely to develop the RFP and contract and will continue to do so while implementing and administering the

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					program.
66	General Question			How will the contractor be notified about placement changes in a timely manner to ensure continuity of care and ensure compliance with contract requirements?	We are working on this. CA recognizes the importance of rapid access to this information and its connection to the success of the program.
67	General Question			What is HCA's plan for communication with the provider community; a) how are you going to communicate which contractor is selected as the state wide vendor b) how will you communicate the states expectation to child welfare providers to participate with the winning contractor.	The HCA will issue a provider notice to announce the Apparent Successful Bidder (ASB), and both DSHS and HCA will work with the ASB to ensure all appropriate staff, foster and adoptive parents, providers and stakeholders are included in informational mailings, and given the opportunity to participate in face-to-face trainings and informational sessions. We expect to work closely with the ASB to ensure information is disseminated to all involved parties.
68	General Question			Will HCA support creative incentives and payment structures by the contractor to encourage contracted participation?	Yes, within the parameters already laid out for AHMC.
69	General Question			How long does HCA estimate it will take between when a child enters an out of home placement and is in FFS, to when they are enrolled with the AHFC contractor?	Depending on the time of the month in which the child enters out of home placement, enrollment in AHFC will take place either the first of the following month, or the first of the second month after placement.
70	General Question			Did the State's actuaries develop an actuarially sound rate range for this program, and if so can that be provided to bidders along with any assumptions used to develop that range?	No, the rate ranges and associated methodology will not be publicly released at any point. See the last paragraph of subsection 7.6.
71	General Question			Although MCOs are required to exclude The Health Insurer Fee and Tax Deductibility from the Cost Proposal, please provide confirmation that both the Health Insurer Fee and the Tax Deductibility will be included in the final rates.	The premiums received by the ASB will be subject to the Washington State premium tax and WSHIP assessments. Each bidder is responsible for including their costs for these assessments in the Taxes and Fee section of the cost proposal template. Do not include income related taxes or ACA fees.
72	General Question	Enrollment		Can HCA confirm that Foster members currently enrolled in Managed Care will be automatically transitioned to the foster care program as of the	Enrollment will be based on RAC so all children in the program will be enrolled in AHFC on the effective date of the program.

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				effective date?	
73	General Question	**FFS trend data**		Can the state provide current FFS trend data?	We are checking into this. If the older data is found to be relevant and complete, we will provide it.
74	RFP	, 6.1.4 Network Exhibit F -Network Narrative RFP –Exhibit D, Sample AHFC Draft Contract, Section 6.1	32 of 55 2 of 2 101 of 221	Section 6.10 of the Draft Contract does not include Allergists as a High Volume Specialty Care Provider. However, Section 6.1.4 of the RFP and Exhibit F both include Allergists in required specialty categories. Can the State please clarify whether or not Allergists should be considered a required High Volume Specialty Care Provider?	Yes, for the purposes of this program, allergists are considered a High Volume Specialty Care Provider and the appropriate change will be made to the final contract.
75	RFP	1.0 Definitions 6.1 Network Exhibit F -Network Narrative	7 of 55 32 of 55 1 of 2	Pharmacy is not listed as an Essential Provider in the Definitions, or Section 6.1.1 of the RFP and Exhibit F, but it is listed in other sections of the RFP and Draft Contract. Will the State please clarify if pharmacy is considered an essential provider type?	Pharmacy is an essential provider type; however, given that only current Apple Health MCOs are eligible to bid, and all Apple Health MCOs have adequate pharmacy networks, we felt the focus should be turned to other providers.
76	RFP	3.3 Procurement Schedule	18 of 55	Given the short period of time the plans have had to review the data book prior to the May 14th deadline for submitted questions, will the State allow a second round of questions to be submitted and/or schedule a bidder teleconference with an emphasis on rates, in order to provide health plans the opportunity for additional due diligence to develop cost proposals?	There will be no second round of questions and answers. There will be a bidders conference via conference call. Amendment #3 will be released the week of May 25th with the pre-bid conference call details for rate discussions and a revised RFP timeline.
77	RFP	4.10 (M) Proprietary Information/Pu	24 of 55	Can a plan mark certain components of its pricing development as proprietary, such as trend assumptions, managed care savings assumption,	Please refer to Section 4.10 of the RFP for the requirements for marking materials proprietary.

Question #	Document Reference (RFP/DataBook, Exhibit, etc.)	Section or Subject Matter #/Title	Page # or Location	Question	Response
		blic Disclosure		administrative cost load, TPL recoveries, RX rebates and risk/contingency loads?	
78	RFP	6.1.1 Network	32 of 55	This section states the bidder must have a network with "…the capacity to service 70% or more of all eligible within a given service area." Can the State confirm that "all eligibles" is defined as those members listed on the enrollee data file provided as part of the RFP?	The bidder must have a network that serves at least 70% of the potential Medicaid enrollees in a given service area.
79	RFP	Behavioral Health Medication and Medication Management **subsections 6.2.3.5.3 & 6.2.3.5.6.3**	39 and 40	Questions 6.2.3.5.3 & 6.2.3.5.6.3 appear to be duplicate questions. Please advise as to which question bidders should respond to.	We will remove question 6.2.3.5.6.3 from the RFP as it is a duplicate of 6.2.3.5.3.
80	RFP	Cover Page and Section, 2.4 Contract Term	1 of 55 16 of 55	The cover page of the RFP identifies an expected contract period of October 1, 2015 – September 30, 2017; however, Section 2.4 of the RFP identifies a contract term of October 1, 2015 – December 2017. Will the State please confirm the correct expected initial contract term?	The initial contract period will be October 1, 2015 – September 30, 2017 to align with the federal waiver required to implement the program. Subsection 2.4 of the RFP will be corrected to read October 1, 2015 through September 30, 2017.
81	RFP	Exhibit D, DRAFT AHFC Contract, Section 3.2.2.5	55 of 221	The Draft Contract references a requirement to provide contact information for the "Contractor's Foster Care unit – a toll free line for care givers and social workers." Please provide additional details regarding the State's expectations and requirements for this unit. Is this referring to the member services staff for the program?	The state expects the ASB to have dedicated staff for the AHFC program and its enrollees. We expect that there would be knowledgeable staff available to respond to questions from social work staff, providers and care givers about needs specific to the AHFC population. Children in AHFC and their parents and caregivers must also have access to the 24/7 Nurse Advice Line.
82	RFP	Exhibit D, Draft AHFC Contract, Section 5.4.2.2	74 of 221	The Draft Contract gain share details an assumed administrative load for AHFC at 11.0%. Could the State or Milliman provide detail on how the 11.0% was determined?	Currently in Exhibit D, DRAFT AHFC contract we are assuming that the administration load, for purposes of the gain-share calculation, is the same as that used in the current AH Family program

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83	RFP	Exhibit D, Draft AHFC Contract, Section 5.6	78 of 221	The Draft Contract notes that a delivery case rate payment shall be made to AHFC enrollees, however a delivery case rate development is not part of the Cost Proposal template. Is the case rate going to be determined at a later time? In addition, what is the rationale behind not having a Low Birth Weight payment for AHFC?	Low birth weight payments are made on the baby, not the mom. If a birth occurs to a FC mother and the baby is eligible, they will be enrolled in AH Family and a LBW payment would be made if they have qualifying encounters. The delivery case rate (DCR) will remain consistent with the DCR paid in the Family/SCHIP/AHAC populations. When capitation rates are developed for a program with a DCR, rates are computed and then the expected revenue for the DCR is netted against that rate. In this way, if the DCR does not fully compensate for the cost of the delivery the remaining costs remain in the monthly capitation rate. Similarly, final rates for this program will include such an adjustment to the MCO bid rates. That rate adjustment is computed as follows for the Female 15-18 rate cell: 22 (Deliveries – Admits in Lines I21-I22 of cost models in data book) x $5,935.96 (DCR) / 28,025 (Member Months) = $4.66 PMPM A similar adjustment would be made to the Female 19-26 rate cell.
84	RFP	Exhibit E - Geocoding	1 of 14	Would the State allow bidders to submit a test file with test data prior to the final submission to ensure geocoding programs are set up appropriately?	Technical Assistance sessions have been reserved for May 27th and 29th per the Procurement Schedule in the RFP. The RFP Coordinator will be contacting the health plans that submitted Letters of Intent to schedule a one (1) hour technical assistance session. Test files can be submitted; however, since the format and content of these files is substantially similar to AHMC files, there should be no problem with submission.

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85	RFP	Exhibit F -Network Narrative	1 of 2	For the Behavioral Health network requirement listed in Section 6.1.1, should the bidder limit the BH provider network to only those providers who have communicated they specialize in care for children, or may a bidder include adult providers as well?	The submission should focus on children's providers; however, it would be appropriate to include adult providers, as the beneficiaries up to age 26 are eligible for the program.
86	**RFP**	**Network and Mandatory Scored Requirements : Network subsections 6.1.5 and 7.5.1.2**	33, 49	Section 7.5.1.2 of the RFP references 7 Pediatric Specialty Centers. Please confirm if this is referring to the hospitals called out in section 6.1.5. If so, section 6.1.5 has a total of 8 centers, or 6 if you combine UW/Harborview and Providence Sacred Heart Medical Center/Children's Hospital. Please confirm the total number and names of Pediatric Specialty Centers.	Yes, 7.5.1.2 is referring to hospitals identified in subsection 6.1.5. There are 7 Pediatric Specialty Centers. Below is the list of Pedatric Specialty Centers shown in the RFP in subsection 6.1.5. 1. University of Washington Hospitals; 2. Harborview; 3. Seattle Children's Hospital; 4. Spokane Providence Sacred Heart Medical Center and Children's Hospital; 5. Mary Bridge Children's Hospital; 6. Doernbecher/OHSU; and 7. Randall Children's Hospital/Legacy Emanuel
87	RFP	Network**, subsection 6.1.1**	32	Will the State please provide a listing of all behavioral health providers who have served the identified Foster Care clients over the last year so that we can compare this listing with our current contracted provider network.	Children's Administration has contracted providers for counseling and other mental health related services. A list of those contracted providers will be available once an apparently successful bidder is identified.
88	RFP	**RATE**		If the Apparent Successful Bidder's total cost is above the high end of the acceptable rate range determined by the state's actuary, please confirm the state will set the rates at some point within the rate range.	As described in Section 7.6.1, the rates will be set entirely at the discretion of the HCA
89	RFP	**Rates**		Are the Rate Ranges being developed prior to Bidders submitting their Cost Proposal?	Yes, rate ranges are computed by Milliman independent of MCO bid information.

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90	RFP	**Rates**		Will the Rate Ranges, and their development, be released prior to Bidders submitting their Cost Proposal?	No the state will not provde rate ranges or the methodology for their development.
91	RFP	**RATES**		If the Apparent Successful Bidder's total cost is below the lower end of the acceptable rate range determined by the state's actuary, how will the proposed rates be adjusted?	As described in the RFP, the State will "enter into negotiations with the ASB to modify any cost proposal rates that fall outside the acceptable rate range as determined actuarially sound by the HCA and their actuaries." Please refer to section 7.6.2 of the RFP for more information.
92	RFP	**RATES**		If the Apparent Successful Bidder's total cost is below the lower end of the acceptable rate range determined by the state's actuary, please explain how a budget neutral adjustment (as indicated in the RFP) will be applied to bring the rates within the rate range	The intent of this section was to address the possibility where the winning bid includes some cohort specific rates that fall outside the actuarially sound rate range, but the total cost is in the range. In this circumstance, the state will propose a budget neutral method to bring all cohort rates within the actuarially sound range. If the ASB's total cost is below the lower end of the acceptable range, the state and its actuaries will review the rate range with the ASB's actuaries to negotiate a mutually agreeablelower bound of the rate range. The ASB will be paid at this lower bound.
93	RFP	Seciton 6.3 Management Proposal Specifications	43 of 55	Can the State confirm that bidders may submit information and evidence of a bidder's parent and sister organizations in responding to questions regarding "experience and knowledge" throughout the RFP? Many companies with longstanding and extensive experience in state-sponsored health programs are legally structured to create a separate, local entity within each state they serve, dedicated to that state's programs, therefore the "Bidder" for this RFP may be a local Washington managed care organization that solely operates within the State of	Concept and design elements that were successful in other states may be included in the proposal as long as those elements will be incorporated into Washington's program. Bidders should submit experience that will directly benefit this program – a program provided by a separate entity in a different state will only benefit Washington's program if these concepts and design elements are made available to the development of and tailored to Washington's program.

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				Washington. In order to represent the full scope and relevant experience with foster care populations and programs across the Bidder's organization, parent company and sister company experience should be permitted. If such requirements were restricted to experience related to the contracts held directly by the responding entity (Bidder), many organizations with extensive experience across state-sponsored health programs across the country, including foster care, would not be able to present such relevant experience, as requested throughout the RFP.	
94	RFP	Section 1, Definitions	9 of 55	Can the State confirm if the Medicaid Personal Care (MPC) services remain carved out for the Apparently Successful Bidder?	Yes, Medicaid Personal Care remains carved out of the AHFC benefit.
95	RFP	Section 1, Definitions	11 of 55	Please confirm whether or not the State considers parent companies and affiliate companies (those under common ownership with the same ultimate parent company) performing administrative support services to a Bidder to be a "subcontractor" for the purposes of this RFP and subsequent contract.	Response provided 5-29-15. If a parent company and/or affiliate company is providing administrative support functions such as claims processing, utilization management activities, encounter data or other similar functions, no, we would not consider those entities to be subcontractors. If the questioner has further information that would clarify this question, please provide it and we will provide additional information.
96	**RFP**	**Section 1, Definitions "Family Team Decision Making Meeting"**	7	In the definition of "Family Team Decision Making Meeting" there is a list of participants. This list should include the child's managed care organization case manager, if they are already an MCO member, and if they are receiving a Level of Care that assigned them to a case manager. If they are an MCO member, but are not receiving case management when a placement decision is being made, then the MCO's foster care program liaison	Yes, this is true, and we would expect the MCO health care coordinator to be involved in these meetings. The MCO health care coordinator can be added to the electronic list of invitees in FamLink.

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				should be invited to participate.	
97	**RFP**	**Section 1, Definitions, "Essential Providers"** **And** **Mandatory Scored Requirements Network, 7.5.1.1**	7, 48-49	The RFP defines the Essential Providers as: Hospitals, Primary Care Providers, Pediatric Primary Care Providers, Pediatric and Adolescent Specialty Providers, Behavioral Health Providers and Speech, Occupational and Physical Therapists, which appears to be 6 essential provider types. In section 7.5.1.1 of the RFP it references five Essential Provider types. We believe section 7.5.1.1 was not updated when HCA added Pediatric and Adolescent Specialty Providers was added to the Essential provider definition. Can HCA confirm?	The RFP and Contract definitions will be changed from "essential" to "critical". The decision had been made to refer to these providers as "essential"; however, that seems likely to cause confusion. References to "essential" in the Foster Care RFP and contract will be changed to "critical". There are five "Critical" providers that HCA will use to assess the responses to the RFP (Hospital, PCP, Pediatric PCP, Behavioral Health and Speech Therapy). The other provider types are reportable but not used in scoring. SPT, OT and PT are not one provider type. The term "Pediatric and Adolescent Specialty Providers" are not a provider type, but where Pediatric and Adolescent Specialty providers are available, they should be included in the Bidder's network. As a Critical Provider type, Pediatric PCPs will be included in the scoring of the network submissions and bidders are also required to report which of their Specialty providers serve children. Amended response 5-29-15. For the five "critical" providers Behavorial Health has been changed to Mental Health. So, the five "critical" providers are (Hospital, PCP, Pediatric PCP, Mental Health and Speech Therapy).
98	**RFP**	**Section 2, Program Objections subsection 2.2.3**	13	King and Snohomish Counties currently do not have Health Homes. Would children in foster care be provided with Intensive Care Management in place of Health Homes?	If the enrollee's initial screening and assessments, and PRISM score indicated a need for Intensive Care Management, the ASB would be expected to provide those services. If the Health Homes program expands into King and Snohomish Counties, these enrollees could be enrolled in Health Home. .
99	RFP	**Section 2.1**	12	Page 12 says "For the first year of the contract, the Apparently Successful Bidder (ASB) will coordinate health care services provided by the ASB with	SHB 1879 requires full integration of medical, mental health and SUD services by October of 2018. There will be approximately two years in which to prepare for full behavioral

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				mental health and substance use disorder services provided by the existing, county-based behavioral health system. The ASB must ensure continuity of all health care services across placement changes that may necessitate changes in the enrollee's health care providers." What is HCA expecting to change in year 2 of the contract? What is the realistic chance that full behavior health integration will take place in year 2 of the contract? How much time will be given for preparing for full behavioral health integration? Will there be rate negotiations when the contract is changed for full behavioral health integration?	health integration – rates discussions will be part of that preparation. The AHFC RFP will be revised to clarify this as follows: This program will provide a comprehensive and coordinated medical benefit, that includes primary care, ancillary services, pharmacy, and an outpatient mental health benefit. For the first two years of the contract, the Apparently Successful Bidder (ASB) will coordinate health care services provided by the ASB with mental health and substance use disorder services provided by the existing, county-based behavioral health system. It is anticipated that, as the result of legislation passed by the 2015 Legislature, medical, mental health and substance use disorder services will be integrated in the AHFC program beginning in October of 2018. The ASB must ensure continuity of all health care services across placement changes that may necessitate changes in the enrollee's health care providers.
100	**RFP**	**Section 6, Behavioral Health Medication and Medication Management, Subsection 6.2.3.5**	39-41	This RFP seems to suggest HCA wants a prior authorization process for all anti-psychotic medications to evaluate appropriateness of prescription prior to administering the medication. However, this principle seems in conflict with HCA's other stated principle of not requiring prior authorization for certain psychotropic medications. Can HCA provide more clarity on the expected role of the MCO related to authorizing anti-psychotic medications?	SHB 1879 requires close scrutiny of anti-psychotic medications prescribed for foster children, including Second Opinion Network reviews for all anti-psychotics for children 18 years of age and younger.
101	RFP	Section 6.2 (MS) Technical	32 of 55	The Technical Proposal, Section 6.2, adds up to	Thank you for alerting us to this typographical error. Subsection 6.2.3.2, Trauma Informed Care should be 100

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		Proposal Section 7.2 Evaluation Scoring	47 of 55	1,050 points; 6.2.1 (150 points), 6.2.2 (100 points), 6.2.3 (800 points); however, the maximum number of points for the Technical Proposal as stated in Section 7.2 is 1,000; can the State please explain the discrepancy?	points, not 150 points. The RFP will be revised.
102	RFP	Section 6.2.3.5 Behavioral Health Medication/Medication Management	40 of 55	Will the State please confirm that bidders are not expected to respond to Section 6.2.3.5.5 of the RFP, as no question is posed in this section? We understand that bidders would provide responses to the referenced section's subsections 6.2.3.5.5.1, 6.2.3.5.5.2, and 6.2.3.5.5.3. ?	That is correct. The heading paragraph was meant to provide context to subsections 6.2.3.5.1 through 6.2.3.5.3.
103	RFP	Section 6.4, Cost Proposal Template	SFT	The Cost Proposal Template has a member month number of 286,501. Is this the mid-point of the contract enrollment level? What is the starting level?	The member weights are equal to the combinded CY 2013 FFS and managed care member months by age/gender band. The enrollment is only used to weight each bid by age/gender band. Actual starting enrollment is not known at this time.
104	RFP	Section 6.4.2.1, Cost Proposal Template	45 of 55	The Cost Proposal templates are filled out with CY 2013 data. Can the State provide more recent data, such as CY 2014 or July 2013-June 2014?	We are relying on the MCOs to properly trend the data to the effective period.
105	RFP	Section 7.1 Evaluation Procedures	47 of 55	Can the State please provide additional details on the composition of the evaluation team, to be designated by HCA, which will determine the ranking of the Proposals?	The technical/management proposal evaluation team will consist of staff from: • The Health Care Authority • The Department of Health and • DSHS – Children's Administration and Behavioral Health Service Integration Administration. The team will consist of six members and will include a former foster parent. The Cost Proposal will be evaluated by HCA Rates and Finance Staff and Milliman; The Network proposal will be evaluated by HCA staff.

Question #	Document Reference (RFP/DataBook, Exhibit, etc.)	Section or Subject Matter #/Title	Page # or Location	Question	Response
106	RFP	Section 7.9 Contract Readiness Review and Site Visit	51 of 55	Will the State please provide additional information regarding the planned timing and scope of the Contract Readiness Review and Site Visit? In relation to the Projected Announcement of Apparently Successful Bidder, what is the approximate timeframe for the Readiness Review? Is the State able to provide Bidders with any additional information regarding the scope of deliverables required for the Readiness Review beyond the high level requirement categories outlined in Section 7.9?	We do not yet have a date or specific parameters for the Readiness Review, as our TEAMonitor staff have been focusing their energies on the current TEAMonitor site visits. HCA anticipates that the visit would take place in late July or early August, and will provide firm dates as soon as possible. The Readiness Review will take into account findings from the TEAMonitor review but will focus on systems and processes specific to AHFC.
107	**RFP**	**Wraparound with Intensive Services (WISe), Subsection 6.2.3.6.1**	41	Will the state provide technical assistance in complying with the Children's Mental Health Lawsuit?	Yes.
108	**Providers.xls**		Secure File Transfer	This question is added to clarify a change in the Providers.xls file.	In the RFP and in a question #97 above the HCA changed references of Behavorial Health to Mental Health for the five "critical" providers. The Providers.xls file has a tab titled "Behavorial Health", please use this tab to reflect your Mental Health network. Please leave the tab as "Behavorial Health" and do not rename the tab in the Excel file.